

Courses you plan to transfer (attach copy of transcript)

Course	Institution	UTB Equivalent

Experiences other than formal course work necessary or desired to achieve your objectives.

3. Describe your method of final examination to document that you have achieved your professional objectives. For a final exiting examination, a capstone experience or a thesis defense, give the anticipated semester and year.

Graduate Student Signature: _____ Date _____

Faculty Advisor Approval: _____ Date _____

Department Chair Approval: _____ Date _____

Graduate Office Approval: _____ Date _____

If a committee is required:

Committee Member: _____ Date _____

Committee Member: _____ Date _____

xc: Student
Advisor
Department Chair

Graduate Office retains original

Date Received: _____