

TCU's HARRIS COLLEGE OF NURSING AND HEALTH SCIENCES

Request for Degree Plan

Student's name _____ **TCU ID #** _____
(last, first, middle; maiden)

Street address _____

City / State / Zip code / Email address _____

Is this your first request for a degree plan? () yes () no

Semester/year of entry to TCU _____ **Expected date of graduation** _____

Double degree (30 hours more than first degree) () yes () no

Have you attended other colleges? () yes () no

(NOTE: Transcripts must be sent to the Office of Admissions)

Name(s) _____

Major I _____ () BS () BA

Minor(s) _____

Major II _____ () BS () BA

Are you seeking certification? () yes () no If so, () Elementary () Secondary

Fields for Secondary I _____ Secondary II _____

Signature _____ Date _____

Date copies sent to:

Student _____

Adviser _____

File _____