

The University of Texas at San Antonio Interim Program of Study for the Master's Degree

Name: _____
 Last First Middle ID Number

Program of Study for the Degree: _____
 Master of Science

Catalog: _____ Major: _____ Physics Concentration: _____ N/A

The following courses are required for the degree indicated above:

Discipline & Number	Course Title	Credit Hours	Grade	When & Where Completed If Not UTSA
Total				

Upon completion of the above requirements, in addition to meeting the University-wide requirements for all Master's degrees, the above-named student will have satisfied all requirements for the Master's Degree.

GRADUATE ADVISOR'S SIGNATURE _____ Date _____
 DEPARTMENT CHAIR'S SIGNATURE _____ Date _____
 DEAN'S SIGNATURE _____ Date _____

THE ORIGINAL COPY OF THIS FORM MUST BE FILED WITH THE REGISTRAR

DO NOT WRITE BELOW THIS LINE

Applied for degree _____ Time Limit (6yrs) _____ Hours of A _____ x 4 = _____
 Advanced to candidacy _____ Catalog _____ B _____ x 3 = _____
 Admission Cleared _____ Indep. Study Max.(6) _____ C _____ x 2 = _____
 Total Transfer Hrs. (6) _____ Spec. Prob. Max. (6) _____
 UT System Transfer _____ Comprehensive Exam _____ Total _____
 Non-UT transfer _____ Thesis Filed _____ GPA (3.0) _____
 Notes: _____ **Graduated** _____