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**		_____		