

The University of Texas at San Antonio 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	_____