

## SAM HOUSTON STATE UNIVERSITY

A Member of The Texas State University System

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## OFFICE OF THE REGISTRAR

1-866-BEARKAT

Degree Plan Exception Form - Graduate  To be initiated by Academic Advisor or Department Chair														
SAM ID (required)	ed) Last Name				First Name				Too	lay's Date	e			
Indicate the stude	ent's curri	iculum sou	ght:											
Degree Sought:	MA	MBA	MED	MFA	MLS	MM	MPA	MS	SSP	EDD	PHD	МРН		
	This re	equest also	applies to	Certificat	te currentl	y being so	ught.							
Catalog Year: _		_	Th	esis/Non-T	Thesis:	Thesis		Non-Tl	nesis					
MAJOR:					MINO	MINOR:						CONCENTRATION:		· · · · · · · · · · · · · · · · · · ·
Double Dip – allo Waive – Student v  Request to proces  Course	will not be	required to	complete	a specific r	requiremen	t. <b>minor re</b>	-		·	Area/Requ				
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Signatures Requi	ired:													
Academic Adviso	r			Date	– <u> </u>	r Chair				D	ate	Minor Chair		Date
Academic Dean	(2 <sup>nd</sup> majo	or)		Date	_									