

Undergraduate Degree Plan Acknowledgement and Responsibility Form

Initial Degree Plan Revised Degree Plan Second Major Degree Plan

Date: _____

Campus: Killeen RELIS

Student Name: _____

Warrior ID#: _____

Degree Type: _____

Catalog Year: _____

Major: _____

Concentration: _____
or Emphasis

Minor (1st if any): _____

Minor (2nd if any): _____

Minor (3rd for BS LSTU): _____

Warrior Corps: No Yes

Additional Teaching Field: _____

Articulation Agreements: _____

Note: Any course substitutions, additions, and deletions must be approved with a Course Substitution Form.

The below signatures certify that the named student filed a degree plan on the date under the catalog year and has been instructed on how to review degree plan requirements. In order to be eligible for graduation, the student also understands that it is the student's responsibility to fulfill these and other requirements in the catalog.

Student Signature

Date

Academic Advisor

Date

Processed by/Date: _____

Please return to: Founder's Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu
Registrar's Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857