

THE UNIVERSITY OF LOUISIANA AT MONROE
College of Pharmacy

DEGREE PLAN

Name of Student: _____

Student's Current Address: _____

Previous Degree(s): _____ Major _____ Minor _____

(Undergraduate _____ Major _____ Minor _____
and Graduate) _____
Major _____ Minor _____

Date of initial enrollment in the ULM Graduate School: _____

Date of initial enrollment in current degree program: _____

Current Degree Sought: _____ Expected date of degree: _____

Current Area of Study: _____

Research/thesis topic (if applicable): _____

DEGREE PLAN

COURSES			Method of Establishing Credit				
			At ULM			Transfer*	
Title	Dept.	Course Number	Hr. Credit	Regular Student	NonDegree Status	College or University	
Other Requirements: Language or other							

*Transfer courses to be described as on original transcript.

DEGREE PLAN

COURSES			Method of Establishing Credit				
			At ULM			Transfer*	
Title	Dept.	Course Number	Hr. Credit	Regular Student	NonDegree Status	College or University	Completed Date
Other Requirements: Language or other							

*Transfer courses to be described as on original transcript.