

Graduate School
GRADUATE DEGREE PLAN

☐ NEW ☐ REVISION

University of
LOUISIANA
Monroe

NAME: _____
Last First Middle/Maiden

DEGREE SOUGHT: Master of Arts .

ADDRESS: _____

GRADUATE MAJOR: Marriage & Family Therapy
CONCENTRATION: _____

CWID: _____

SEMESTER/TERM AND YEAR OF FIRST ENROLLMENT IN ULM GRADUATE SCHOOL: _____

| | | | | | | |
|--|--|---|------------------------------|--------------|------------------|-------|
| UNDERGRADUATE DEFICIENCIES | | GRADUATE PROGRAM List course information for major area: | | | | |
| Major Area of Study: _____ | | | COURSE | SEMESTER HRS | SEMESTER OFFERED | NOTES |
| Undergraduate deficiencies to be removed: (List course and semester hours) | | | MAFT 5005 | 3 | | |
| _____ | | | MAFT 5015 | 3 | | |
| _____ | | | MAFT 5020 | 3 | | |
| _____ | | | MAFT 5021 | 3 | | |
| _____ | | | MAFT 5062 | 3 | | |
| _____ | | | MAFT 5063 | 3 | | |
| _____ | | | MAFT 5081 | 3 | | |
| _____ | | | MAFT 6008 | 3 | | |
| _____ | | | MAFT 6010 | 3 | | |
| _____ | | | MAFT 6020 | 3 | | |
| _____ | | | MAFT 6053 | 3 | | |
| _____ | | | MAFT 6063 | 3 | | |
| _____ | | | MAFT 6066 | 3 | | |
| _____ | | | MAFT 6067 | 3 | | |
| TOTAL SEMESTER HRS: _____ | | | MAFT 6070 | 9 | | |
| | | | COUN 5005 | 3 | | |
| | | | COUN 5022 | 3 | | |
| | | | COUN 5060 | 3 | | |
| | | | | | | |
| TRANSFER CREDIT List all credit to be transferred to graduate program (Courses must be shown as they appear on the official transcript. List course and number, semester hours, institution, semester/quarter and year course taken, and grade received.) | | | | | | |
| Approved: | | | | | | |
| Committee Member | | Date | Major Professor | | Date | |
| _____ | | _____ | _____ | | _____ | |
| Committee Member | | Date | Graduate Program Coordinator | | Date | |
| _____ | | _____ | _____ | | _____ | |
| Committee Member | | Date | Dean, Graduate School | | Date | |
| _____ | | _____ | _____ | | _____ | |