

The University of Texas at San Antonio Interim 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: _____

The following courses are required for the degree indicated above:

| Discipline & Number | Course Title | Credit Hours | Grade | When & Where Completed If Not at UTSA |
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| 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

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|-------------------------|-------|----------------------|-------|------------------|---|-------|-------|-------|
| 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 | | | | _____ |