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
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

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 Tr ansfer		Comprehensive Exam		Total				
Non-UT transfer		Thesis Filed		GPA (3.0)				
Notes:				**Graduated**				