



## Degree Plan Acknowledgement and Responsibility Form

Initial Degree Plan       Revised Degree Plan       Second Major Degree Plan

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Banner ID#: \_\_\_\_\_

Degree Type: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

Major: \_\_\_\_\_

Concentration: \_\_\_\_\_

Minor (1st if any): \_\_\_\_\_

Minor (2<sup>nd</sup> if any): \_\_\_\_\_

Additional Teaching Field: \_\_\_\_\_

Warrior Corps:     No     Yes

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 received a printed copy of the degree requirements. In order to be eligible for graduation, the student also understands that it is his/her responsibility to fulfill these and other requirements in the catalog.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Academic Advisor**

\_\_\_\_\_  
**Date**

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: \_\_\_\_\_