College of Communication
Request for Degree Plan

Please do not apply for a degree plan until you have enrolled for your 54th hour

Last Name, First Name, Middle Initial _____ TCU ID _____ Date _____

Is this the first time you have requested a degree plan? ☐ Yes ☐ No

TCU Box or Street Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ EMail _____

☐ BA ☐ BS Degree Sought **Select One** Major _____ 2nd Major/Degree _____ Minor/Emphasis _____

☐ Communication Studies ☐ Human Relations **COMM Emphasis*** ☐ Analysis ☐ Industry ☐ Production **RTVF Emphasis***

Semester Entered TCU _____ Catalog Requirement Term _____ Advisor _____

Expected Graduation Date _____ Hours Completed _____ GPA _____

Have you attended other college(s)?
☐ Yes* ☐ No List: _____

***Be sure all transfer work has been sent to the Registrar Office – TCU Box 297004**

Student Signature

cc: Student
Department