

**ENDORSEMENT OF SPECIALIZATION**

**Proposed Program Plan Form**

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| **Student Information** | |
| **Name:** | **UT EID:** |

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| **Proposed Courses** |
| **Area of Specialization:** |
| **Proposed Courses (List below):** |
| **1)** |
| **2)** |
| **3)** |
| **4)** |
| **Alternative Course:** |

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| **Faculty Information** |
| **Faculty Advisor:** |
| **Faculty Advisor Signature:**  **Date:** |
| **Consulted Faculty Member (If Applicable):** |
| **Consulted Faculty Member Signature:**  **Date:** |