

## **ENDORSEMENT OF SPECIALIZATION**

## **Proposed Program Plan Form**

Student Information	
Name:	UT EID:
Proposed Courses	
Area of Specialization:	
Proposed Courses (List below):	
1)	
2)	
3)	
4)	
Alternative Course:	
Faculty Information	
Faculty Advisor:	
Faculty Advisor Signature:	
Date:	
Consulted Faculty Member (If Applicable):	
Consulted Faculty Member Signature:	
Date:	