Graduate Student Deficiency Plan

Student Name: __________________   Program/Specialization: __________________________
Academic advisor: ___________________  Tentative Major Professor: _______________________

List Deficiencies that must be fulfilled by taking an undergraduate class at SDSMT

List Deficiencies that will be fulfilled by an alternative plan. If the deficiency course is a prerequisite for another required course, then the required course instructor must approve the alternate preparation.

1) Deficiency ___________________  Instructor: ___________________
   Alternative plan:

   Signature of Instructor: _____________________________  Date: ____________
   _______ Prerequisite for required course _________________________  Instructor _______
   Signature of instructor for required course __________________________  Date: ____________

2) Deficiency ___________________  Instructor: ___________________
   Alternative plan:

   Signature of Instructor: _____________________________  Date: ____________
   _______ Prerequisite for required course _________________________  Instructor _______
   Signature of instructor for required course __________________________  Date: ____________

3) Deficiency ___________________  Instructor: ___________________
   Alternative plan:

   Signature of Instructor: _____________________________  Date: ____________
   _______ Prerequisite for required course _________________________  Instructor _______
   Signature of instructor for required course __________________________  Date: ____________

Chair Approval _____________________________  Date: ____________

Student signature _____________________________  Date: ____________

Attach copies of page 2 if more space is needed.
Deficiency Plan, continued.

Student Name: _________________________

4) Deficiency _________________________ Instructor: ____________________
Alternative plan:

Signature of Instructor: _________________________ Date __________
   Prerequisite for required course _________________________ Instructor __________
Signature of instructor for required course _________________________ Date: ______

5) Deficiency _________________________ Instructor: ____________________
Alternative plan:

Signature of Instructor: _________________________ Date __________
   Prerequisite for required course _________________________ Instructor __________
Signature of instructor for required course _________________________ Date: ______

6) Deficiency _________________________ Instructor: ____________________
Alternative plan:

Signature of Instructor: _________________________ Date __________
   Prerequisite for required course _________________________ Instructor __________
Signature of instructor for required course _________________________ Date: ______

7) Deficiency _________________________ Instructor: ____________________
Alternative plan:

Signature of Instructor: _________________________ Date __________
   Prerequisite for required course _________________________ Instructor __________
Signature of instructor for required course _________________________ Date: ______

8) Deficiency _________________________ Instructor: ____________________
Alternative plan:

Signature of Instructor: _________________________ Date __________
   Prerequisite for required course _________________________ Instructor __________
Signature of instructor for required course _________________________ Date: ______

*Examples of alternate preparation
Student passes written exam given by deficiency instructor (GEO classes only)
Student provides evidence of alternate sufficient experience of subject
Student undertakes individual study to supplement knowledge while taking other course

Attach copies of page 2 if more space is needed.