



Plan B – ORE Internal Form 1

Part 1. To be completed by student				
Student Name _____		UH ID#: _____		
Last, First, M.I.				
Graduate Program _____		Degree Objective _____		
Include Specialization if Applicable				
Part II. To be completed by the graduate chair				
Interim Academic Advisor _____		Preliminary Conference _____		
MM/DD/YY				
Will the student be transferring credits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach Petition to Transfer Credits)				
Does the student have any deficiencies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details below)				
Deficiency (Course or Skill)		Remedy for Deficiency		
Exam	Not Required	MM/DD/YY	Passed	Failed
General of Qualifying Exam	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
General of Qualifying Exam (Repeat if failed the first time)			<input type="checkbox"/>	<input type="checkbox"/>
First Language Exam (Language _____)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Graduate Chair Signature _____		Date _____		