Western Illinois University, School of Graduate Studies

GRADUATE DEGREE PLAN

Instructions: Please complete this form and submit to your adviser upon the completion of 9-15 semester hours of graduate course work.

Name: _____ **Social Security or WIU ID No.**_____

(Last) (First) (Middle)

Present mailing address:_____ **Phone:**_____

(Street) (City) (State) (Zip code)

Date of oldest WIU graduate course listed on degree plan: Semester_____ Year _____ Catalog year: _____	**Degree sought**:	**Major field**:	**Option/Emphasis:**

Degree Requirements						Degree Requirements (Continued)					
Dept.	**No.**	**Course Title (abbrev.)**	**Cr.**	**Gr.**	**Instructor**	**Dept.**	**No.**	**Course Title (abbrev.)**	**Cr.**	**Gr.**	**Instructor**
						TOTAL CREDIT HOURS					
						DEFICIENCY COURSES (IF ANY)					

Thesis/Dissertation Title: _____

Thesis/Dissertation Supervisor: _____ _____

Student Signature **Date**

STUDENTS: DO NOT WRITE BELOW THIS LINE

CANDIDACY AND DEGREE PLAN APPROVAL	**DATE**	**CLEARANCE**	**DATE RECEIVED**
Adviser: _____		Application for Graduation	
Grad Committee Chairperson: _____		Thesis/Dissertation Abstract (if required)	
Grad Committee Member: _____		Graduate Studies	
Grad Committee Member: _____		**Send original to:** **School of Graduate Studies** **Western Illinois University, 1 University Circle** **Macomb, IL 61455-1390**	
School of Graduate Studies: _____		The Graduate Office will send a copy to the department and the student upon approval.	

Form will not be processed without signatures.

Reset

9-1-06