

**Western Illinois University, School of Graduate and International Studies
GRADUATE DEGREE PLAN**

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

NAME (Last) (First) (Middle) **Social Security or WIU ID No.**

PRESENT MAILING ADDRESS (Street) (City) (State) (Zip Code) **Phone**

Date of oldest graduate course on degree plan: Mo. Year **Degree sought** EDS **Major Field** Educational Administration **Option/Emphasis**

DEGREE REQUIREMENTS						DEGREE REQUIREMENTS (CONTINUED)					
Dept.	No.	Course Title	Cr.	Gr.	Instructor	Dept.	No.	Course Title	Cr.	Gr.	Instructor
EDAD	600	ORGL LEADERSHIP	3								
EDAD	640	EDUC EXEC	3								
EDAD	681	RESEARCH EDAD	3								
EDAD	617	SCHOOL LAW STUDY	3								
EDAD	622	MGT ADMIN PERS	3								
EDAD	627	SCHOOL BUS MGMT	3								
EDAD	623	COLL BARG	3								
EDAD	671	CURR THEORY	3								
EDAD	620	SUPT ED GOVERN	3								
EDAD	635	EDUC FACILITIES	3								
EDAD	660	INST LEADERSHIP	3								
						TOTAL CREDIT HOURS					
EIS	607	DIVERSITY	3			COURSES TO MAKE UP DEFICIENCIES					
TOTAL CREDITS IN MAJOR	36										

Thesis Title: _____ **Thesis 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 Abstract	
Grad Committee Member:		Departmental Clearance	
Grad Committee Member:		Graduate Studies	
School of Graduate Studies:		Send original to Graduate Office, Western Illinois University, 1 University Circle, Macomb, IL 61455. Upon approval, the Graduate Office will send a copy to the department and the student.	

Form will not be processed without signatures.