

**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** MSED **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	500	LDR DEV SLF AST	3			EIS	500	RESRCH METH	3		
EDAD	505	SCH IMP ORG DEV	3								
EDAD	517	SCHOOL LAW	3								
EDAD	560	SUPV OF INST	3								
EDAD	571	SITE BAS CUR PL	3								
EDAD	511	EDUC PLANNING	3								
EDAD	514	SCHOOL FINANCE	3								
EDAD	518	ADM APP ED TECH	3								
EDAD	519	SCH COMM RLTN	3								
EDAD	522	MGMT SCH PERSNL	3								
EDAD	538	PRIN INST LDR	3			<b>TOTAL CREDIT HOURS</b>					
EDAD	539	LDRSHP SPCL NDS	3			<b>COURSES TO MAKE UP DEFICIENCIES</b>					
<b>TOTAL CREDITS IN MAJOR</b>			39								

**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.**