

Graduate Degree Plan

Name: _____

WIU ID No.: _____

(For security purposes do not enter Social Security Number)

Present mailing address: _____

Phone: _____

Degree sought: _____ Major: _____ Option/Emphasis: _____

Date of oldest WIU graduate course listed on degree plan: Semester: _____ Year: _____ Catalog year: _____

Graduate Degree Requirements

Dept.	No.	Title	SH	Gr.	Instructor	Dept.	No.	Title	SH	Gr.	Instructor			
						Total semester hours:								
						Deficiency courses (if any):								

Thesis/Dissertation Supervisor (please print) _____

Student's signature/Date: _____

STUDENTS - DO NOT WRITE BELOW THIS LINE

Candidacy/Degree Plan Approval
 Adviser's signature/Date: _____
 Grad Committee Chair's signature/Date: _____
 Committee Member's signature/Date: _____
 Committee Member's signature/Date: _____

School of Graduate Studies/Date: _____
Degree Clearance/Date:
 Graduation Application _____
 T/D (if required) _____
 Graduate Studies: _____