Graduate Degree Plan

Western Illinois University
School of Graduate Studies

Name: _____ WIU ID No.:_____
(For security purposes do not enter Social Security Number)

Present mailing address: _____ Phone: _____

Degree sought: Masters Major: Business Administration 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
Acct	547	Corporate Financi	3								
533 or	540	Applied Business	3								
Econ	538	Economics for Ma	3								
Fin	565	Financial Manage	3								
IS	524	Corporate Inform	3								
Mgt	590	Strategic Manage	3								
Mktg	576	Decision Making f	3								
Bat	611	MBA Outcomes	0								
		Concentration #1	3								
		Concentration #2	3								
		Concentration #3	3								
		Elective	3								
						Total semester hours:			33		
						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: _____

Western Illinois University
School of Graduate Studies
1 University Circle, Macomb, IL 61455-1390
(309)298-1806 Fax: (309)298-2345
wiu.edu/grad Email: Grad-Office@wiu.edu

Form will not be processed without signatures. Complete this form and submit to your adviser upon completion of 21 semester hours of WIU graduate work.

9-17-14

Reset