

# 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: \_\_\_\_\_



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