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: Ed.D Major: Ed. Leadership 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
EDL	600	EVAL EDUC PROG	3								
EDL	622	HUMAN RES LEAD	3								
EDL	640	EDUC EXEC	3								
EDL	671	LEARN SYS LEAD	3								
						Total semester hours:			12		
						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: _____

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.

WESTERN ILLINOIS UNIVERSITY

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