

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

Degree Requirements						Degree Requirements (Cont'd)					
Dept.	No.	Title	S.H.	Gr.	Instructor	Dept.	No.	Title	S.H.	Gr.	Instructor
EIS											
CN											
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									Total semester hours		
									Deficiency courses, if any:		
CN											
CN											
CN											
CN											

Thesis/Dissertation supervisor: \_\_\_\_\_ Student's signature/Date: \_\_\_\_\_

**STUDENTS: DO NOT WRITE BELOW THIS LINE**

**Candidacy and Degree Plan Approval:**


Adviser's signature/Date: \_\_\_\_\_

Graduate Committee Chairperson's signature/Date: \_\_\_\_\_

Committee Member's signature/Date: \_\_\_\_\_

Committee Member's signature/Date: \_\_\_\_\_

School of Graduate Studies/Date: \_\_\_\_\_



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Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)  
[www.wiu.edu/grad](http://www.wiu.edu/grad)

<u>Clearance</u>	<u>Date</u>
App. Graduation	-----
Thesis/Dissertation	-----
Abstract (if required)	-----
Graduate Studies	-----

**Form will not be processed without signatures**  
Complete this form and submit to your adviser upon the completion of 9-15 semester hours of graduate course work.