

# 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
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CN						Total semester hours					
CN						Deficiency courses, if any:					
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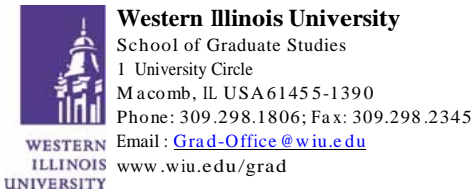
Thesis/Dissertation supervisor: \_\_\_\_\_ Student's signature/Date: \_\_\_\_\_

**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: \_\_\_\_\_



Clearance	Date
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.