

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

 <b>Western Illinois University</b> School of Graduate Studies 1 University Circle Macomb, IL USA 61455-1390 Phone: 309.298.1806; Fax: 309.298.2345 Email : <a href="mailto:Grad-Office@wiu.edu">Grad-Office@wiu.edu</a> 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.

2.4.2014