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: _____ 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
						Total semester hours					
						Deficiency courses, if any:					

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: _____

Western Illinois University
School of Graduate Studies
1 University Circle
Macomb, IL USA 61455-1390
Phone: 309.298.1806; Fax: 309.298.2345
Email: Grad-Office@wiu.edu
www.wiu.edu/grad

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.

Reset

2-20-09