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: _____

Degree Requirements						Degree Requirements (Cont'd)					
Dept.	No.	Title	S.H.	Gr.	Instructor	Dept.	No.	Title	S.H.	Gr.	Instructor
EDL	700	Sem in Doc Studies	2								
EDL	701	Quantitative Resrch	3								
EDL	710	Facil a Vision of Excel	3								
EDL	711	Imprv Lrn Env	3								
EDL	712	Mang Organ Op Res	3								
EDL	715	Res in Schls & Comm	5								
EDL	725	Prospectus Devl	3								
EDL	770	Comp Exam in EDL	0								
EDL	780	Elect Portfolio	0								
EDL	790	Resrch & Dissert	9								
EIS	701	Quant Meth Prog Eval	3			Total semester hours			43		
EIS	747	Pol of Education	3			Deficiency courses, if any:					
IDT	756	Plan for Technology	3								
SPED	613	Fam Div & Soc Iss	3								

Thesis/Dissertation supervisor: _____ Student's signature/Date: _____

STUDENTS: DO NOT WRITE BELOW THIS LINE

Candidacy and Degree Plan Approval:

Adviser's signature/Date: _____
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

9-9-08