

# Graduate Degree Plan Change Approval Form

Western Illinois University  
School of Graduate Studies

Form will not be processed without signatures and rationale.

Date:

Name:

WIU ID No:

Graduate program:

**Specify change below.**

Student's signature: \_\_\_\_\_

Students: Do Not Write Below This Line

**Give full reason(s) for department/program recommendation.**

## Recommendation

## Signatures:

Graduate/Advisor :      Approve      Deny

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair      Approve      Deny

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Western Illinois University**  
**School of Graduate Studies**

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Graduate School:      Approve      Deny

Note (if any): \_\_\_\_\_

Signature/date: \_\_\_\_\_