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

Graduate Advisor: ☐ Approve ☐ Deny

School Director: ☐ Approve ☐ Deny

Signatures:

Signature:_____Date:_____

Signature: _____Date: _____

Graduate School: ☐ Approve ☐ Deny

Note (if any):_____

Signature/date:_____

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