

Graduate Degree Plan

Western Illinois University
School of Graduate Studies

Name: _____

WIU ID No.: _____
(For security purposes do not enter Social Security Number)

Degree sought: _____ Major: _____ Option/Emphasis: _____

Date of oldest WIU graduate course listed on degree plan: Semester: _____ Year: _____ Catalog year: _____

Graduate Degree Requirements

Dept.	No.	Title	SH	Grade	Dept.	No.	Title	SH	Grade
							Total semester hours:		
							Deficiency courses (if any):		

Student signature: _____ Date: _____

Form will not be processed without signatures. Complete this form and submit to your adviser upon completion of 21 semester hours of WIU graduate work.

Candidacy/Degree Plan Approval

Adviser's signature: _____ Date: _____

Grad Committee Chair's signature: _____ Date: _____

School of Graduate Studies: _____ Date: _____

