Western Illinois University School of Graduate Studies

Graduate Degree Plan

Name:								WIU ID No.:			
Present mailing address:								(For security purposes do not enter Social Security Number) Phone:			
Degree sought: Major: Major: Date of <u>oldest WIU graduate course</u> listed on degree plan: Semester:											
								Year: Catalog year:			
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Dept.	No.	Title	SH	Gr.	Instructor	Dept.	No.	Title	SH	Gr.	Instructor
ı											
						Total semester hours:					
						Deficiency courses (if any):					
L											
	Thesis/Dissertation Student's										
Supervi	sor (please	print)				signatu	re/Date:				
				c	TUDENTS - DO NO	T WRITF RFI	OW THIS I	INE			
Candida	cv/Degree Pla	n Approval			. 352.113 50110			School of Graduat	ρ		
Candidacy/Degree Plan Approval Adviser's signature/Date:								Studies/Date:			
Grad Committee Chair's signature/Date:								Degree Clearance/Date:			
Committee Member's signature/Date:								Graduation Application			
Committee Member's signature/Date:								T/D (if required)			
Committee Member 3 Signature/Date.								Graduate Studies:			



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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.