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: _____ Major: _____ Option/Emphasis: _____

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

Graduate Degree Requirements

Dept.	No.	Title	SH	Gr.	Instructor	Dept.	No.	Title	SH	Gr.	Instructor
						Total semester hours:			0		
						Deficiency courses (if any):					

Thesis/Dissertation Supervisor (please print)_____

Student's signature/Date: _____

STUDENTS - DO NOT WRITE BELOW THIS LINE

Candidacy/Degree Plan Approval

Adviser's signature/Date: _____

Grad Committee Chair's signature/Date: _____

Committee Member's signature/Date: _____

Committee Member's signature/Date: _____

School of Graduate Studies/Date: _____

Degree Clearance/Date:

Graduation Application _____

T/D (if required) _____

Graduate Studies: _____

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.

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School of Graduate Studies
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wiu.edu/grad Email: Grad-Office@wiu.edu

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