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: Date of <u>oldest WIU graduate course</u> listed on degree plan: Semester:											
								Year: Catalog year:			
	-				Graduate Deg				_	3, -	
Dept.	No.	Title	SH	Gr.	Instructor	Dept.	No.	Title	SH	Gr.	Instructor
						Total ser	mester ho	lirc.			
						Total semester hours:					
						Deficiency courses (if any):					
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Thesis/l	 Dissertation					Studen	+1 _c	1			
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				S	TUDENTS - DO NO	T WRITE BEL	OW THIS L	INE			
Candida	cy/Degree Pla	n Approval						School of Graduat	e		
Adviser'	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)			
								Graduate Studies:			



Western Illinois University
School of Graduate Studies
1 University Circle, Macomb, IL 61455-1390
(309)298-1806 Fax: (309)298-2345
wiu.edu/grad Email: Grad-Office@wiu.edu

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.