

Graduate Degree Plan

Name: _____ WIU ID No.: _____
Gr. ~~OFF~~

Graduate Degree Requirements

										Instructor	
							Total semester hours:				

										Deficiency courses (if any):

Thesis/Dissertation Supervisor(please print) _____
Students signature/Date: _____

STUDENTS DO NOT WRITE BELOW THIS LINE

Candidacy/Degree Plan Approval Adviser's signature/Date: _____ Grad Committee Chair's signature/Date: _____ Committee Members' signature/Date: _____ Committee Members' signature/Date: _____	School of Graduate Studies/Date: _____ Degree Clearance/Date: _____ Graduation Application _____ T/D (if required) _____ Graduate Studies: _____
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(309)2981806 Fax: (309)298345
wiu.edu/grad Email:GradOffice@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.