Graduate Degree Plan

Western Illinois University
School of Graduate Studies

Name: _____ WIU ID No.: _____

Gr. SH

Graduate Degree Requirements

											Instructor
						Total semester hours:					
						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: _____

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.