

GRADUATE PLAN OF STUDY- Masters, Specialist

This form is a guide that officially defines your graduate degree program.

Wichita State University
 Graduate School
 1845 Fairmount
 Wichita KS 67260-0004
 (316) 978-3095

STUDENT RESPONSIBILITY:

1. Verify that information is true and accurate.
2. Contact Adviser for necessary revisions.
3. Complete requirements per currently approved plan.

<input type="checkbox"/> ORIGINAL PLAN (first plan submission)	<input type="checkbox"/> REVISION (changes to previously approved plan)	<input type="checkbox"/> CERTIFICATE (this is a certificate Plan of study)
Name _____	myWSU ID : _____	
Address _____	Major Code _____	
City, St. Zip _____	Completion Code _____ (Grad Coordinator: Please include or describe Major/Completion code)	

Instructions:

- Original plans should be submitted upon the completion of 12 hours of degree work (24 hours for MFA).
- If not submitted prior to your semester of graduation, the ORIGINAL PLAN is due on the APPLICATION FOR DEGREE deadline: fall or spring: 20th day of classes. Summer: 10th day of classes of the 8 week summer session.
- VIEW THE DEADLINES: www.wichita.edu/gradschool . Look for: "Forms & Publications...Degree completion forms"←
- 60% of the total WSU hours must be numbered at the 700 level or above.
- List ALL required courses. Excess hours are not permitted.
- TRANSFERS: List course number & name, transfer institution & state as seen on transfer transcript. (If exact course number/name is not yet known, please describe to your best ability). Quarter term credits receive 2/3rd equivalency.
- REVISIONS: Identify additions (A) & deletions (D) to previously approved plan.

PREREQUISITES or language/tool requirements (NOT part of the plan hours): _____, _____, _____, _____, _____, _____, _____

Professional/Scholarly/Integrity Training: **COMPLETED** -- Memo: ____ previously sent ____ attached here.
 Expected completion: _____ (semester) Comment: _____

Identify all REQUIRED TERMINAL ACTIVITIES: NO TERMINAL ACTIVITY coursework only

All Terminal Activities require submission of a signed department completion memo to the Grad School office NO LATER than the Degree Completion Deadline. (see above: "View the Deadlines")	Comprehensive Exam Portfolio, Project or Directed Study Exam Internship or Practicum Exam Thesis or Dissertation Defense Recital or Exhibition Other (identify)	_____ written _____ oral _____ written _____ oral _____ written _____ oral _____ defense & pdf submission _____ performance _____
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Committee (Please type or print names)

_____, Chair

_____, Member

_____, Member

_____, Member

_____, Member from outside the major department

Grad School office:

Program: _____

Major/comp: _____

Catalog: _____

Area/term: _____

Registrar: ____/____/____ ____

GRADUATE PLAN OF STUDY APPROVED hours will be considered part of the degree requirement.

Please list CORE PROGRAM REQUIREMENTS first.				Include comments or committee revisions as needed.			
Revision A(Add) D(Delete)	Course #	COURSE TITLE (or description)	HRS	Grade	SEM/YR (approx. is fine)	Transfer Institution & STATE	Identify program requirement if subbing for a CORE course.
Please indicate when you plan to complete the Professional/Scholarly/Integrity Training Requirement:							
TOTAL →			EXCESS HOURS ARE NOT PERMITTED (up to two extra hours may be allowed, see your adviser)				

Plan of Study approved by:

Student

Date

Adviser

Date

Graduate Coordinator or Department Chair

Date

Graduate School

Date