

# 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: 20<sup>th</sup> day of classes. Summer: 10<sup>th</sup> day of classes of the 8 week summer session.*
- VIEW THE DEADLINES: [www.wichita.edu/gradschool](http://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 2/3<sup>rd</sup> 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 <b>NO LATER</b> 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 _____
---	--	--

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_

