

# 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 _____ <small>***** (Tgi ?PUY I =Tgi IVj guk?TUY V=CU?PUY C=CUVj guk? CUY V)</small>	

### 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 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:							
<b>TOTAL →</b>			<b>EXCESS HOURS ARE NOT PERMITTED</b> (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