

PLAN OF WORK FOR THE MASTER'S DEGREE

INSTRUCTIONS - WSU TRANSCRIPT REQUIRED UPON SUBMISSION OF THIS FORM. FILL OUT THREE COPIES AND PRESENT TO ADVISOR FOR APPROVAL. PLEASE READ THE BACK OF FORM.

NAME _____ ID# _____

ADDRESS _____ PHONE _____

MAJOR _____ ADVISOR _____

DEGREE SOUGHT _____ DEGREE - PLAN A (*Thesis*) _____ PLAN B (*Essay*) _____ PLAN C _____

Master of
AGRADE/MASTER'S PLAN OF WORK - COURSES COMPLETED AND PROPOSED

UNIV	TERM END	DEPT	COURSE NO.	COURSE TITLE	MAJOR HRS	CORE HRS	MINOR COGNATE HRS
			*A *A *A *A *A				
			7999	Essay Direction			
			8999	Thesis Research & Direction			
Total hours in degree program _____					TOTALS:		

*A - denotes AGRADE courses, MAXIMUM OF 16 CREDITS ALLOWED

NOTE: Student is responsible for completing any prerequisites pertaining to courses on this plan of work.

All degree requirements and course work must be completed by _____
(Within six years following date of first recorded grade to be used for degree)

APPLICANT'S SIGNATURE _____ DATE _____

Plan of work approved and candidacy recommended _____ DATE _____

Chairperson, Graduate Committee _____ DATE _____

Checked by _____ Date _____

CANDIDACY AUTHORIZED BY GRADUATE OFFICE _____ Date _____