

PLAN OF WORK FOR THE MASTER'S DEGREE

**INSTRUCTIONS - WSU TRANSCRIPT REQUIRED UPON SUBMISSION OF THIS FORM. COMPLETE FORM AND PRESENT TO ADVISOR FOR APPROVAL.**

NAME \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MAJOR \_\_\_\_\_ ADVISOR \_\_\_\_\_

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

*Master of*

MASTER'S PLAN OF WORK - COURSES COMPLETED AND PROPOSED

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

**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 \_\_\_\_\_