

GRADUATE SCHOOL, 516 High Street, Old Main 530, Bellingham, WA 98225-9037 360-650-3170,; [gradschool@wwu.edu](mailto:gradschool@wwu.edu)

### GRADUATE PLAN OF STUDY

This Plan of Study must be completed within the first quarter of graduate study at WWU. The student and adviser will receive a copy when the Plan is approved. List the courses you wish to count toward your degree. *Note: Limit of 10 credits at the 400 level. Limit of 10 credits of Independent Study (some departments are more restrictive).* Attach Prerequisite Courses on separate list. Confer with your program adviser and the Graduate School regarding any subsequent changes to this Plan **PRIOR** to enrollment in any course not listed and approved on your Plan.

Student # \_\_\_\_\_ Admit Term: \_\_\_\_\_ Catalog Year \_\_\_\_\_

 Name: \_\_\_\_\_ WWU Email: \_\_\_\_\_  
(Last) (First)

Program: \_\_\_\_\_ Specialization: \_\_\_\_\_

**Option I- Thesis\***
**Option II- Non-Thesis**

 \*Topic must be approved PRIOR to thesis registration. [https://esign.wwu.edu/admcs/process/forms/Grad\\_School/Thesis\\_Topic\\_Approval4.aspx](https://esign.wwu.edu/admcs/process/forms/Grad_School/Thesis_Topic_Approval4.aspx)

**Note: Option I (Thesis) students enrolled in thesis credits beyond the maximum number allowed by the program may affect eligibility for financial aid. This information may be shared with the Financial Aid office for financial aid purposes.**

BASIC CORE PROGRAM
SPECIALIZATION
ELECTIVES

<u>Course #</u>	<u>Credits</u>	<u>Course #</u>	<u>Credits</u>	<u>Course #</u>	<u>Credits</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>CORE TOTAL</b> _____	<b>SPEC. TOTAL</b> _____	<b>ELECTIVE TOTAL</b> _____
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	<b>PROGRAM TOTAL</b> _____
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**TRANSFER WORK:** Limit of 9 qtr. credits may count toward degree. External transfer credit must be approved separately.

**SPECIAL SKILLS OR LANGUAGE REQUIREMENT (IF REQUIRED):** Credits do not count toward degree.

**ADMISSION STIPULATIONS:** Credits do not count toward degree. Adviser: specify minimum acceptable grade for each course.

<u>Course #</u>	<u>Credits</u>	<u>Course #</u>	<u>Credits</u>	<u>Course #</u>	<u>Credits</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>TRANSFER TOTAL</b> _____		
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**Please note: Students must be registered for at least two credits the quarter in which they graduate OR the preceding quarter. Summer quarter is not counted for students who have never enrolled for summer quarter. Auditing is not permitted.**

Graduate Program Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Adviser Name, Printed \_\_\_\_\_

Graduate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_