GRADUATE PLAN OF STUDY- Masters, Specialist
This form is a guide that officially defines your graduate degree program.

STUDENT RESPONSIBILITY:
1. Verify that information is true and accurate.
2. Contact Adviser for necessary revisions.
3. Complete requirements per currently approved plan.

☐ ORIGINAL PLAN  ☐ REVISION  ☐ CERTIFICATE
(first plan submission) (changes to previously approved plan) (this is a certificate Plan of study)

Name _______________________________ myWSU ID: __________________________
Address ________________________________________________
City, St, Zip _______________________________ Major Code __________________________
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: 21st day of classes. Summer: 10th day of classes of the 8 week summer session.

→ VIEW THE DEADLINES: 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 2/3rd 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 memo to the Grad School office NO LATER than the Degree Completion Deadline. (see above: “View the Deadlines”)

Comprehensive Exam ______ written ______ oral
Portfolio, Project or Directed Study Exam ______ written ______ oral
Internship or Practicum Exam ______ written ______ oral
Thesis or Dissertation Defense ______ defense & pdf submission
Recital or Exhibition ______ performance
Other (identify) __________________________

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.

<table>
<thead>
<tr>
<th>Revision</th>
<th>Course #</th>
<th>Course Title (or description)</th>
<th>Hrs</th>
<th>Grade</th>
<th>SEM/YR (approx. in finite)</th>
<th>Transfer Institution &amp; STATE</th>
<th>Identify program requirement if subbing for a Core course</th>
</tr>
</thead>
</table>

Please indicate when you plan to complete the Professional/Scholarly/Integrity Training Requirement:

<table>
<thead>
<tr>
<th>Required Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>PADM 765 Pub Sect Econ</td>
</tr>
<tr>
<td>PADM 865 St/Lcl Gov Finance</td>
</tr>
<tr>
<td>PADM 866 Pub Fin Mgmt</td>
</tr>
<tr>
<td>PADM 867 St/Lcl Govt Budgeting</td>
</tr>
</tbody>
</table>

**Total**

**Excess Hours Are Not Permitted**

(up to two extra hours may be allowed, see your adviser)

Plan of Study approved by:

Student

Adviser

Graduate Coordinator or Department Chair

Graduate School

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Date

Date

Date

Date

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rev: 6/26/13