

**Western Illinois University**  
**School of Graduate Studies**

(For security purposes do not enter Social Security Number)

Phone: \_\_\_\_\_

Option/Emphasis: \_\_\_\_\_

Year: \_\_\_\_\_ Catalog year: \_\_\_\_\_

## Graduate Degree Requirements

[illegible]

Thesis/Dissertation  
Supervisor (please print)

Student's  
signature/Date: \_\_\_\_\_

**STUDENTS - DO NOT WRITE BELOW THIS LINE**

### Candidacy/Degree Plan Approval

Adviser's signature/Date: \_\_\_\_\_

Grad Committee Chair's signature/Date: \_\_\_\_\_

Committee Member's signature/Date: \_\_\_\_\_

Committee Member's signature/Date: \_\_\_\_\_

School of Graduate

Studies/Date:

## Degree Clearance/Date:

Graduation Application \_\_\_\_\_

T/D (if required) \_\_\_\_\_

Graduate Studies: \_\_\_\_\_



**Western Illinois University**  
School of Graduate Studies  
1 University Circle, Macomb, IL 61455-1390  
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[wiu.edu/grad](http://wiu.edu/grad) Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)

**Form will not be processed without signatures.** Complete this form and submit to your adviser upon completion of 21 semester hours of WIU graduate work.