## 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

<table>
<thead>
<tr>
<th>UNIV</th>
<th>TERM</th>
<th>DEPT</th>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>MAJOR HRS</th>
<th>CORE HRS</th>
<th>MINOR COGNATE HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7999</td>
<td>Essay Direction</td>
<td>OR</td>
<td>8999</td>
<td>Thesis Research &amp; Direction</td>
<td></td>
<td></td>
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</tbody>
</table>

**Total hours in degree program** ________  **TOTALS:** ________

**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 ________