## 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 Degree - Plan A (Thesis) 

**Master's Plan of Work - Courses Completed and Proposed**

<table>
<thead>
<tr>
<th>UNIV</th>
<th>TERM END</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>
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<td>Essay Direction OR Thesis Research &amp; Direction</td>
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<th>TOTALS:</th>
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**Total hours in degree program**: 

**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**: 