# 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**  
- **Master of**

- **DEGREE** - PLAN A (Thesis)  
- PLAN B (Essay)  
- PLAN C  

**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</td>
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<td>Thesis Research &amp; Direction</td>
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7999  
8999

**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**