

# GRADUATE PLAN OF STUDY-Masters, Specialist

Wichita State University  
Graduate School  
1845 Fairmount  
Wichita KS 67260-0004  
(316) 978-3095

*This form is intended as a guide that officially defines a student's graduate degree program. The student has the responsibility for verifying that information is correct and follows degree requirements at the time the plan is approved.*

**Check One:**  Plan of Study  Revision to Approved Plan of Study  Certificate Completion

Name \_\_\_\_\_

myWSU ID Number \_\_\_\_\_

Address \_\_\_\_\_

Major Code \_\_\_\_\_

*(Completed by Coordinator)*

City, St. Zip \_\_\_\_\_

Completion Code \_\_\_\_\_

*(Completed by Coordinator)*

## Instructions:

- One copy should be filed in the Graduate School office following the completion of 12 hours of degree work (24 hours for Master's of Fine Arts), but no later than the 20<sup>th</sup> day of classes during fall or spring or 10<sup>th</sup> day of classes of the 8 week summer session.
- **Your graduate coordinator must include major and completion codes.**
- All courses must be listed and 60% of the total hours must be at the 700 level or above.
- Do not list excess hours since all hours listed will be considered part of the degree requirements
- Include institution name and location by state for courses being transferred into the program.
- Identify additions or deletions to previously approved plan by placing A or D in the revision column.

## List prerequisites, if any, that are not a part of the hours required for the degree:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## List Language or tools requirements that are not a part of the hours for the degree:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Identify the type(s) of final examinations, if any, which are required:

Comprehensive Exam	_____ written	_____ oral
Portfolio, Project or Directed Study Exam	_____ written	_____ oral
Internship or Practicum Exam	_____ written	_____ oral
Thesis or Dissertation Defense	_____ oral	
Recital or Exhibition	_____ performance	
No Requirement	_____ coursework only	
Other (identify)	_____	

## Committee (Type or Print Names)

\_\_\_\_\_, Chair

\_\_\_\_\_, Director (MFA)

\_\_\_\_\_, Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member From Outside the Major Department

## GRADUATE PLAN OF STUDY

List all required courses first. Then list all other courses comprising the remainder of the program. Do not list hours in excess of those required for the degree. All hours listed will be considered part of the degree requirements.

Revision A or D	Dept. and Course #	Course Title OR Committee Member	Hours	Semester and Year	Transfer Institution	Transfer State	Course Equivalent OR Other Information
A	PAdm 560	Planning Process	3				
A	RE 619	Urban Land Development	3				
A	PAdm 688	Urban Economics	3				
A	PAdm 760	State and Local Economic Development	3				
<b>Total hours required for the degree</b> →			12				

**Plan of Study approved by:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator or Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate School

\_\_\_\_\_  
Date