Application for Admission to Candidacy for a Master's Degree University of Wisconsin Oshkosh

1. Name: Brian Ledwell
   Street: 923 asd
   City, State, Zip: soirnoeinr. QI

2. Student Information System ID#: 4,343,434

3. Degree Sought:
   ☐ MA ☐ MBA ☑ MPA ☐ MS ☐ MSE ☐ MSN

4. Academic Plan: asdf

Office Use Only: Plan/Degree Start Date ____/____

5. If admitted with deficiencies, explain how they have been met.

adfasdfasdadsfadf ad asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd adsfadf ad asdf dasd

6. Transfer credits
   ☑ No ☐ Yes Number of transfer credits: ____
   Institution(s):
   asdv

7. *Office Use Only: Official transcript(s) recieved:* ____

8. Graduate Plan of Studies
   List only courses that apply to the degree. Do not list licensure only, deficiencies, degree prerequisites or MBA/MSIS foundation courses.

Note: Check "R" for required courses

	Term	Subject Area & No.	Title	CR	GR	R	Office	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Transfer courses

17								
18								
19								
20								

Office Use Only: Plan/Degree Start Date ____/____

Total Credits 0

9. Culminating experience requirement:
   ☐ Capstone Seminar ☐ Clinical Paper ☐ Comprehensive Exam ☐ Field Project ☐ Reflective Journey ☐ Seminar Paper ☐ Thesis ☐ Other ____

10. Plan Approval:

Student Signature *Date*

Faculty Advisor/Committee Chair Signature *Date*

Program Coordinator Signature *Date*

11. Graduate School Approval:

Signature *Date*

12. Waviers/substitutions/modifications/notes

Copy 1: Graduate School Copy 2: Department Copy 3: Student