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

1. Name:
   Street:
   City, State, Zip:

2. Student Information System ID#: _ _ _ _ _ _ _

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

4. Academic Plan: _____

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

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

6. Transfer credits
   ☐ No ☐ Yes Number of transfer credits:_____
   Institution(s):

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 | | | | 22 | | | | |
| 2 | | | | 15 | | | | |
| 3 | | | | 56 | | | | |
| 4 | | | | 32 | | | | |
| 5 | | | | 16 | | | | |
| 6 | | | | 15 | | | | |
| 7 | | | | 0 | | | | |
| 8 | | | | 121 | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

Transfer courses

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |

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

Total Credits 277

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