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								
2								
3								
4								
5								
6								
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9								
10								
11								
12								
13								
14								
15								
16								

Transfer courses

17								
18								
19								
20								

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

Total Credits ____

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