

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 _____ / _____
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.

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:* _____

Note: Check "R" for required courses

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

Office	

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