Master of Arts in Education/ Degree Plan

NAME:	W	VLU STUDENT ID #			
ADDRESS:					
TELEPHONE	:	EMAIL ADDRESS:			
Degree Emp	phasis:				
Advance	ed Teaching Leade	ership Studies	Multi-Ca	ategorio	cal SPED
Sports L	eadership and Coaching	Technology Integrat	ion	_	
signature and the confirm the acce to be sent to WI	regree Plan at the completion of 18 hours nen submitted to the Director of Graduato eptance of your courses and remaining pr LU's registrar before any transfer credits of fer of Graduate Courses to be accept	e Education. You will receive rogram requirements. Offici can be added to your West Li	a signed c al transcrip	opy in ret ots are re	turn to quired to be
Course #	Course Title	Credit Hours	Grade Un		rsity Name
	+				
II. Comp	leted Graduate Courses at WLU.				
Course #	Course Title	Credit Hours	G	rade	Year
			+		
			_		
III. Gradu	ate Courses Currently enrolled in at	: WLU.			
	-		<u> </u>	. 1	
Course #	Course Title	Credit Hours	G	rade	Year
IV. Gradu	ate Courses needed to complete deg	gree.			
Course #	Course Title	Credit Hour	s Ye	Year Plan To Finish	
			-+		
	or's Signature:				