Western Michigan University
Office of the Registrar
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5256
(269) 387-4300
www.wmich.edu/registrar

Graduate Student Permanent Program
Master's Level

1. The Registrar's Office audits each program for credits and grades and verifies all requirements for graduation. Changes in the program must have the signed approval of the advisor on a Graduate Program Change form. Approved undergraduate courses used in the program must have the signed approval of the advisor and the graduate dean on a P*ermission to Elect A 3000- or 4000-Level Course For Inclusion in a Graduate Program* form.
2. Send the completed and signed to the Registrar's Office before the student completes the final 15 hours.
3. This form is not an application for graduation. The graduate level graduation application can be found online at www.wmich.edu/registrar/graduation.

Name:	
Western Identification Number (WIN):	
Permanent Address:	
City:	
State:	
Zip:	
Field of Graduate Study:	
Concentration Area:	

Course Title	Course Number	Term Elected	Credit Hours	Grade	Transfer
Intro Ed Research	**ED 6010**	**Summer II 2022**	**3**		
Childhood Learning & Develop	**ED 6040**	**Summer II 2022**	**3**		
Learning in Social Contexts	**ED 6760**	**Summer II 2022**	**3**		
Prof Field Exper	**ED 7120**	**Fall 2022**	**3**		
Lit Acquisition & Rdg Inst	**LS 6180**	**Fall 2022**	**3**		
Studies Elem Sch Math	**MATH 6510**	**Fall 2022**	**3**		
Science Methods	**ED 5020**	**Spring 2023**	**3**		
Introduction to Special Education	**SPED 5300**	**Spring 2023**	**3**		
Practicum Seminar -Assessment	**ED 7120**	**Spring 2023**	**3**		
Reading in the Content Areas	**LS 6170**	**Summer I 2023**	**3**		
Social Studies Methods	**ED 5020**	**Summer I 2023**	**3**		
Capstone Research Methods	**ED 6790**	**Summer I 2023**	**3**		

Use a second page if needed

Signatures:

Graduate Advisor: Regena F. Nelson Date Program Outlined: _____

Student: _____ Date Received: _____

Final Exam Completed: _____ Thesis Approved: _____

Date of Graduation: _____ Hours: _____ G.P.A. _____

Copies to the Registrar's Office, Graduate Advisor, Student, Department

Print