WESTERN KENTUCKY UNIVERSITY® Form B/C

**GRADUATE STUDIES** **PROGRAM FORM**

Name ______________________________________________ Social Security No. ________________
Last First M/M

Address ________________________________________________________________________
Street City State Zip

Email ______________________________________________ Telephone (_____)________________

**Mark only one:**

- ☐ Master of __________________ in ______________________ Concentration ______________________
- ☐ Specialist in ______________________________________
- ☐ Planned Fifth-Year/Rank II ______________________________
- ☐ Planned Sixth-Year/Rank I ______________________________
- ☐ Certification Only ___________________________________

**FOR GRADUATE STUDIES USE ONLY**
Major Code __________ Minor Code ________
Degree Hours _________ Other Hours _______

**For Certification degree/non-degree programs only:**

Undergraduate Degree Institution ______________________________________ Date ________________
Graduate Degree Institution ___________________________________________ Date ________________
Certification Held ____________________________________________________________________
Certification Pursued __________________________________________________________________

**THIS STUDENT HAS MET ALL CURRENTLY APPROVED ADMISSION REQUIREMENTS. SEE REVERSE FOR INSTRUCTIONS.**

| COURSES IN MAJOR/ MASTER'S PROGRAM | HRS | TR | FOR GRAD STUDIES USE ONLY | | | MINOR/SUBJECT AREA OR SPECIALIST/SIXTH YEAR | HRS | TR | FOR GRAD STUDIES USE ONLY | | |
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| | | | DATE | GRADE | | | | | DATE | GRADE | |
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| RESEARCH TOOL | HRS | TR | DATE | GRADE | | FOREIGN LANGUAGE EXAM | To be completed? ☐ | Language: | | | |
| | | | | | | Date completed (MM/DD/YY) | | | | | |
| | | | | | | Results reported to Graduate Studies (MM/DD/YY) | | | | | |

***Any course work listed below is NOT included in the degree GPA, but will be calculated in the overall graduate GPA.***

| DEFICIENCES | HRS | TR | DATE | GRADE | DEFICIENCIES/OTHER COURSES | HRS | TR | DATE | GRADE |
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**PROGRAM APPROVAL—DO NOT SEPARATE THIS FORM.**

Major Advisor/Chair ______________________________ Graduate Student ______________________________
Signature Date Signature Date

Minor Advisor/Member ______________________________ Certification Officer ______________________________
Signature Date Signature Date

Other Advisor/Member ______________________________ Graduate Officer ______________________________
Signature Date Signature Date

PRINT RESET