WKU GRADUATE SCHOOL

Program of Study

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | graduate.records@wku.edu

Name _____ _____ _____ WKU ID # _____
Last First M/M

Degree (eg. MS Biology): _____ Concentration (if applicable): _____

Please refer to the Graduate Catalog for approved program curriculum.

Course	Hrs	Transfer Course	Transfer Institution	Course	Hrs	Transfer Course	Transfer Institution
				Total Hours			

**Substitution of a core course requires an Appeal of Graduate Policy.*
***Transfer course equivalents do not require an appeal and should be denoted in the appropriate column above.*
****Courses approved hereon that exceed the time limitation for degree completion at the time of audit may not be applied toward the degree without an approved Appeal of Graduate Policy.*

OPTIONAL Deficiency Course(s)	Hrs

**If required, deficiency course hours and grades will not be included in the program GPA, but will be included in the cumulative GPA.*

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date

_____ _____
Professional Educator Services Signature (if applicable) Date

_____ _____
Graduate School Officer Signature Date

TO BE COMPLETED BY GRADUATE SCHOOL:

*REF#*_____ *Conc.*_____ *Catalog Year*_____