SCHOOL OF MEDICINE
GRADUATE PROGRAMS

WAYNE STATE UNIVERSITY

MASTER OF SCIENCE

Plan-of-Work & Petition for Candidacy

STUDENT NAME _____ I.D.#. _____ DATE _____
Last First

ADDRESS _____ PHONE _____
street city state zip
EMAIL: _____

MAJOR: _____ Advisor _____ Degree Plan: _____

INSTRUCTIONS: Review all general and departmental or college degree requirements published in WSU Bulletin. List chronologically all WSU credits earned or proposed which will apply toward fulfillment of Master's degree requirements.
PRESENT TO ADVISOR FOR APPROVAL AND FORWARD TO GRADUATE PROGRAMS OFFICE, SCHOOL OF MEDICINE.

COURSES COMPLETED & PROPOSED

Term--Yr	Dept-No	Title	MAJOR HRS	MINOR/ COGNATE	CORE HRS.
Totals Hours in Degree Program .....TOTALS: _____					

APPROVED BY: _____, Advisor Date: _____

APPLICANT'S PETITION FOR CANDIDACY _____ / _____
Signature Date

CANDIDACY RECOMMENDED BY:

_____ / _____ _____ / _____
Program Director Date Program Coordinator's Signature Date

(Advisor can recommend candidacy at time POW is presented, or candidacy may be recommended by memorandum. In general, candidacy is recommended before the student has completed 8 credit hours.)