## Plan-of-Work & Petition for Candidacy

**SCHOOL OF MEDICINE**
**GRADUATE PROGRAMS**

**Advisor Selection, Plan-of-Work & Petition for Candidacy**

### STUDENT NAME

Last: ____________________
First: ____________________
I.D.#: ____________________
DATE: ________________

### ADDRESS

street: ____________________
city: ____________________
state: ____________________
zip: ____________________
PHONE: ____________________
EMAIL: ____________________

### MAJOR:

Advisor: ____________________
Degree Plan: ________________

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**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. Due at the end of 1st Fall Semester. Minimum requirements are shown. Additional credits may be added to fulfill requirements of scholarships or VISAs.

### COURSES COMPLETED & PROPOSED

<table>
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<tr>
<th>Term--Yr</th>
<th>Dept-No</th>
<th>Title</th>
<th>MAJOR HRS</th>
<th>MINOR/COGNATE</th>
<th>CORE HRS.</th>
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**Totals Hours in Degree Program ………………………………….……..TOTALS: _____**

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**APPROVED BY:** ____________________  Advisor  Date: ________________

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**APPLICANT'S PETITION FOR CANDIDACY** ____________________ / ________________

**CANDIDACY RECOMMENDED BY:** ____________________ / ________________

Program Director  ____________________ / 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.)

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**CANDIDACY AUTHORIZED BY GRADUATE OFFICE:** ____________________ / ________________

Dean/Director’s Signature  ____________________ / Date