

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts - Interdisciplinary Studies (4908)
Two Fields of Study

Student Name: _____

ID# _____

Address: _____

Telephone: _____

(Please include street, city, state, & zip code)

Email: _____

Expected Completion: _____

Thesis ☐ **Capstone** ☐ **Exit Exam** ☐ **Date Completed:** _____

Catalog Authority: _____

Field A exit: ☐ ☐ ☐ _____

Date Admitted _____

Field B exit: ☐ ☐ ☐ _____

to Graduate School: _____

Field A (18 credit hours minimum)

Concentration:

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		

Field B (9-18 credit hours minimum)

Concentration:

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		
Course: _____ () _____			Course: _____ () _____		

Total Credit Hours: _____

(A minimum of 36 hours required.)

Copy to Registrar on: _____ **Date:** _____

Grad. Audit sent on: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Advisor or Department Chair/Dean Signatures: (please follow program preferences)

Field A: _____ **Signed as: Advisor:** ☐ **Chair/Dean** ☐
Signature _____ Date _____ Select One

Field B: _____ **Signed as: Advisor:** ☐ **Chair/Dean** ☐
Signature _____ Date _____ Select One

Chair, Interdisciplinary Studies: _____ **Date:** _____

Assoc VP Academic Affairs/
Dir of Graduate Division: _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.