

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

**Student Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

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

**Field A exit:** ☐ ☐ ☐ \_\_\_\_\_

**Field B exit:** ☐ ☐ ☐ \_\_\_\_\_

**Field C exit:** ☐ ☐ ☐ \_\_\_\_\_

**Mid-Point Self-reflection essay:** \_\_\_\_\_

**Expected Completion:** \_\_\_\_\_

**Catalog Authority:** \_\_\_\_\_

**Date Admitted**

**to Graduate School:** \_\_\_\_\_

**Exit Essay Completed:** \_\_\_\_\_

**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: _____ ( ) _____ |                 |              |

**Field B & C (18 credit hours - 9 credits minimum for each concentration)**

**Field B Concentration:**

Course: \_\_\_\_\_ ( ) \_\_\_\_\_

Course: \_\_\_\_\_ ( ) \_\_\_\_\_

Course: \_\_\_\_\_ ( ) \_\_\_\_\_

Course: \_\_\_\_\_ ( ) \_\_\_\_\_

**Field C Concentration:**

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/Associate Dean Signatures: (please follow program preferences)**

**Field A:** \_\_\_\_\_  
Signature Date

**Signed as:** **Advisor:** ☐ **Chair/Dean** ☐  
Select One

**Field B:** \_\_\_\_\_  
Signature Date

**Signed as:** **Advisor:** ☐ **Chair/Dean** ☐  
Select One

**Field C:** \_\_\_\_\_  
Signature Date

**Signed as:** **Advisor:** ☐ **Chair/Dean** ☐  
Select One

**Chair, Interdisciplinary Studies:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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.