

**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:**

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

**Field A exit:** ☐ ☐ ☐ \_\_\_\_\_

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

**Field B exit:** ☐ ☐ ☐ \_\_\_\_\_

**Date Admitted**

**Field C exit:** ☐ ☐ ☐ \_\_\_\_\_

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

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

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

**Field A (9 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 (9 credits minimum for each concentration)**

**Field B Concentration:**

**Field C Concentration:**

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/Associate 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

**Field C:** \_\_\_\_\_ **Signed as:** **Advisor:** ☐ **Chair/Dean** ☐  
 Signature Date Select One

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

**Director 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.