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: __________________________________________

Field A exit: ☐ ☐ ☐ ☐ ☐ Date Completed: ____________________________
Field B exit: ☐ ☐ ☐ ☐ ☐ Expected Completion: ________________________
Field C exit: ☐ ☐ ☐ ☐ ☐ Catalog Authority: _____________________________
Mid-Point Self-reflection essay:____________________________________

Field A (18 credit hours minimum) Concentration: ____________________________

Course (Credits) | Sem/Year | Grade | Course (Credits) | Sem/Year | Grade
-----------------|----------|-------|-----------------|----------|-------
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/Dean Signatures: (please follow program preferences)

Field A: Signed as: Advisor: ☐ Chair/Dean ☐ Select One
Signature: __________________________________ Date: ____________
Field B: Signed as: Advisor: ☐ Chair/Dean ☐ Select One
Signature: __________________________________ Date: ____________
Field C: Signed as: Advisor: ☐ Chair/Dean ☐ Select One
Signature: __________________________________ Date: ____________

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.