

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

Field A: _____ Field B: _____

Student Name: _____ ID# _____

Address: _____ Telephone: _____
 (complete - incl street, city, state, zip)

Catalog Authority: _____ Date Admitted to Graduate School: _____ Email: _____

Thesis option? ☐ yes ☐ no Advisor A: _____

Thesis results (6 credits): _____ Advisor B: _____

Field A (18 credit hours minimum)

<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: _____ ()	_____	_____	Comprehensive Exam results: _____		

Field B (15 credit hours with thesis, 18 credit hours without thesis)

<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: _____ ()	_____	_____	Comprehensive Exam results: _____		

Total Credit Hours: _____ **Exit Requirement:** _____ **Date:** _____
 (minimum of 36 required. 39 hours required with thesis option)

Copy to Registrar on: _____ **Date:** _____ **Grad. Audit sent on:** _____ **Date:** _____

Student Signature: _____ **Date:** _____

Advisor, Field A Signature: _____ **Date:** _____

Chair, Field A Department: _____ **Date:** _____

Advisor, Field B Signature: _____ **Date:** _____

Chair, Field B Department: _____ **Date:** _____

**VP of Academic Affairs/
 Dean 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.