



Edgewood College
 Edgewood Central- DeRicci 210
 ECentral@edgewood.edu
 (P)608-663-4300 (F)608-663-3495

NAME: _____

ID #: _____

2017-18 GRADUATE EDUCATION DEGREE PLAN AND LICENSE DECLARATION FORM

- *Select a degree as appropriate (select <none> if declaring stand-alone license)*
- *Select a concentration as appropriate (select <none> if declaring stand-alone license)*
- *Use one form for up to 4 licenses*
- *Please indicate if this declaration is part of a degree or stand-alone*

Degree and License

License Only

Degree, Non-Licensing

Expected Graduation Date: _____

Updated Program Plan - please remove all previous plans

Add to current plan

New (initial) Plan

Degree Sought: _____

Concentration #1: _____

Concentration #2: _____

License #1 _____

License #2 _____

License #3 _____

License #4 _____

Please drop off completed forms at Edgewood Central:

Edgewood College, Edgewood Central, 210 DeRicci Hall, 1000 Edgewood College Dr., Madison, WI 53711

Phone: (608) 663-3400, Fax: (608) 663-3290

Or submit from your Edgewood.edu email to:

GPS@Edgewood.edu

 ADVISOR SIGNATURE

 DATE

 STUDENT SIGNATURE

 DATE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

PROCESSED BY: _____