



**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 Sought:**

\_\_\_\_\_

**Concentration #1:**

\_\_\_\_\_

**Concentration #2:**

\_\_\_\_\_

**License #1**

\_\_\_\_\_

**License #2**

\_\_\_\_\_

**License #3**

\_\_\_\_\_

**License #4**

\_\_\_\_\_

Please indicate if these licenses will be linked to a degree or stand-alone.

**Licenses are:**

**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:**

Registrar@Edgewood.edu

\_\_\_\_\_  
 ADVISOR SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED: _____
PROCESSED BY: _____

**Submit to:**