



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

**NAME:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

## 2017-18 GRADUATE / DOCTORAL DEGREE PLAN

*- Use one form per degree plan proposed.*

*- Use the concentration line if needed*

**Degree Sought:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Please note:** Transfer students, please submit a Special Arrangement form if equivalencies have not yet been determined on your advising worksheet.

**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

\_\_\_\_\_  
 CHAIR SIGNATURE

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_