Application for Admission to Candidacy for a Master's Degree University of Wisconsin Oshkosh

	1. Name: Street: City, State, Zip:						5. If admitted with a	deficien	cies, ex	xplain how t	they have be	een met.
2.	Stude	ent Informatior	n System ID#:									
3. Degree Sought:						6. Transfer credits No Yes Number of transfer credits: Institution(s):						
4. Academic Plan:							institution(s).					
Office Use Only: Plan/Degree Start Date/												
8. Graduate Plan of Studies List only courses that apply to the degree. Do not list licensure only, deficiencies, degree prerequisites or MBA/MSIS foundation courses.							7. Office Use Only: Official transcript(s) recieved: Note: Check "R" for required courses					
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10. P		pproval:	, apor		mojee	L T						
Student Signature Date							12. Waviers/substitutions/modifications/notes					
		_	ommittee Chair Sig	nature Date								
Program Coordinator Signature Date												
11. Graduate School Approval:												
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