



# Graduate Program for \_\_\_\_\_ s Degree

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Graduate curriculum you propose to follow: \_\_\_\_\_ Endorsement: \_\_\_\_\_

## Courses to be completed in earning the master's degree:

Catalog Year: \_\_\_\_\_

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course

at of

For Graduation Office	Processed by	Date
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