Print Reset

# Graduate Program for Master's Degree

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

**Graduate Advisor (will be assigned)**

SSN: (Last 4 digits only) OR MSU ID#: _____

Name: _____ Date: _____
Last First Middle/Maiden

Mailing Address: _____ Work Phone: _____

_____ Home Phone: _____
City State Zip

E-mail Address: _____ Cell Phone: _____

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow: _____ Endorsement: _____

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

| Course Prefix & No. | | Course Title | Instructor | Semester Hours | Grade |
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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 replaced (if any).

***Applicant's Signature*** _____

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

**Do not write below this line**

| APPROVED | DISAPPROVED | | | |
|---|---|---|---|---|
| ☐ | ☐ | Departmental Graduate Advisor | _____ | Date _____ |
| ☐ | ☐ | Department Chair | _____ | Date _____ |
| ☐ | ☐ | College Graduate Coordinator | _____ | Date _____ |
| ☐ | ☐ | College Dean | _____ | Date _____ |

| For Graduate Admissions | *Processed by* | *Date* |
|---|---|---|
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