

Graduate Program Form for Specialist Degree (Complete this form, sign it and submit to your graduate advisor)

MSU ID):						
					-		
Email Address:					Catalog:		
Graduate Major:			Specialization/Track:				
Course	es to b	e completed in earnir	ng the special	list degree:			
Course Prefix	No.	Course Title		Instru	uctor Sem Hou		Grade
							
							
							
							
							
							
							
		ncluded in this program (limit of	Comprehens	ive Exam Required:	Yes No No		
12 hours), list the class(es) 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 ENROLLM			DLLMENT IN F	- FIRST CLASS
Departn	nent Gra	duate Advisor Approval			Date		
		ir Approval					
		e Coordinator Approval					
		proval					
-	·			,		T	
			For Graduation Office	Processed by		Date	