

Graduate Program for Master's Degree

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

STATE UNIVERSITY		Graduate Advisor (will be assigned	Graduate Advisor (will be assigned)	
MSU ID#:				
Name:		Dat	e:	
	irst	Middle/Maiden Primary Phone:		
		iip		
E-mail Address:		T 1		
Graduate curriculum you propose to follow:		Endorsement:		
Courses to be completed in earning the maste	er's degree:	Catalog Year:		
Course Prefix & No. Course Title		Instructor	Semester Hours Grade	
		_		
replaced (if any).		ON: EIGHT YEARS FROM DATE OF ENRO		
		ine — —		
Comprehensive Exam Required? Yes No	Portfolio Requ	ired? Yes No		
Departmental Graduate Advisor Approval		Date		
Department Chair Approval		Date		
College Graduate Coordinator Approval		Date		
College Dean Approval		Date		
	For Graduation Office	Processed by	Date	