

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

MSU IC):					, -		
Name:					-			
Email Address: Graduate Major:								
		e completed in earni	_	_				
Course Prefix	No.	Course Title		Instru	uctor	Semester Hours	Grade	
						·		
If transfer credit is included in this program (limit of 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).			Comprehensive Exam Required: Yes No No Applicant's Signature TIME LIMIT FOR COMPLETION: Eight years from date of enrollment in first class MINIMUM GRADE REQUIREMENT: No degree credit shall be granted for a grade below C. See catalog for additional, program-specific grade requirements.					
Departr	nent Gra	aduate Advisor Approval			Date		_	
		air Approval						
College	Graduat	e Coordinator Approval			_ Date		_	
		pproval						
			For Graduation Office			Date		