

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

MSU IC):			(66р.666	, σ.Β αα σασ.		8
Name:							
				Constall all all all Total		Catalog:	
		or:					
Cours	es to b	e completed in earnin	g the special	list degree:			
Course Prefix	No.	Course Title		Instru	uctor	Semester Hours	Grade
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		·					
						·	
12 hour	s), list the cl	included in this program (limit of lass(es) and the initials of the		ive Exam Required:			
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 MINIMUM GRADE REQUIREMENT: No degree credit shall be granted See catalog for additional, program-specific grade requirements.						ollment in fir granted for a	st class
Department Graduate Advisor Approval							
Departr	nent Cha	air Approval			Date		
College Graduate Coordinator Approval					Date		
College	Dean Ap	proval			Date		
			For Graduation Office	Processed by		Da	ate