

MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
GRADUATE PROGRAM OF STUDY

Name: _____ MSU ID: _____ Net ID: _____
Last First Middle

Degree: _____ Hours in Major: _____

Major: _____ Hours in Minor: _____

Minor: _____ Denote Minor Courses Total Hours in Program: _____

		GRADUATE SCHOOL USE ONLY		
Course Symbol & Number*	Course Title	Credit	Semester	Grade

Please use the GRADUATE PROGRAM OF STUDY - CONTINUATION to list additional coursework if applicable

Typed/Printed Name:

Approval Signatures:

Major Professor

Date

Committee Member

Date

Committee Member

Date

Committee Member

Date

Co-Major Professor or Committee Member

Date

Minor Professor (if applicable)

Date

Graduate Coordinator

Date

Minor Graduate Coordinator (if applicable)

Date

Dean (if applicable)

Date

Student

Date

Content on this form does not supersede degree requirements as specified by the *Bulletin of the Graduate School* under which the student entered the degree program.