

**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:** _____

List additional courses on next page.		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:

Major Professor

Committee Member

Committee Member

Committee Member

Co-Major Professor or Committee Member

Minor Professor (if applicable)

Graduate Coordinator

Minor Graduate Coordinator (if applicable)

Dean (if applicable)

Student

Approval Signatures:

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ 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.

