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: _____ **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

*** Please denote MINOR courses with asterisk**

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