MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL

NOTIFICATION OF INTENT TO APPLY FOR GRADUATION

MASTER'S DEGREE: THESIS/NON-THESIS

This form is intended to alert students to potential problems in the completion of requirements for graduation and should be completed before the pre-registration period in the semester PRIOR to the semester of intended graduation. The student is responsible for completing Part A and then submitting it to his or her department for verification. Part B should only be completed by the department if the information provided by the student is verified as correct. Please note: Only forward to the Office of the Graduate School after both Parts A and B are complete. If department cannot verify the information as correct, please return the form to student.

PART A: COMPLETED BY THE STUDENT:

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

Degree: _____ **Intended Semester/Year of Graduation:** _____

Major: _____ **Concentration (if applicable):** _____

Minor (if applicable): _____ _____ **Thesis Option** _____ **Non-Thesis Option**

Semester/Year of Admission to Program: _____

Provisionally Admitted? _____ **Yes** _____ **No** **If yes, has the provision been removed?** _____ **Yes** _____ **No**

Admission Prerequisites Fulfilled? _____ **Yes** _____ **No** _____ **Not Applicable**

Date of earliest course on Graduate Program of Study (POS): _____
Please note that the time limit to complete a Master's degree is 6 years. Time starts with earliest course that appears on POS.

Number of credit hours on Graduate Program of Study taken in unclassfied status *(up to 9 hours)*: _____

Number of credit hours on Graduate Program of Study completed to date: _____

Number of thesis research hours completed to date *(NOTE: to be filled in for thesis option only, 6 hours required)*: _____

Number of credit hours on Graduate Program of Study that remain to be completed: _____

Proposed Title of Thesis (if applicable) and/or comments:

_____ _____
Signature of Student Date

PART B: COMPLETED BY THE DEPARTMENT:

Current GPA *(Since Admission to Current Degree Program)*: _____

The student is eligible to apply for graduation:

Typed/Printed Name: **Approval Signatures:**

_____ _____
Major Professor Date

_____ _____
Graduate Coordinator Date

_____ _____
Minor Professor (if applicable) Date

_____ _____
Minor Graduate Coordinator (if applicable) Date