MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL

GRADUATE PROGRAM OF STUDY

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

Degree: Educational Specialist **Hours in Major:** 30

Major: Education-Elementary **Hours in Minor:** _____

Minor: _____ **Total Hours in Program:** 30

		GRADUATE SCHOOL USE ONLY		
Course Symbol & Number*	**Course Title**	**Credit**	**Semester**	**Grade**
EPY 6214				
EDE/EDS 7000	Directed Individual Study			
24 hours	Electives-50% of degree			
	must be at 8000 level or above			

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:**

_____ _____ Date
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