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

Office of the Graduate School - Mailstop 9703