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