

**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

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Typed/Printed Name:

Major Professor

Committee Member

Committee Member

Committee Member

Co-Major Professor or Committee Member

Minor Professor (if applicable)

Graduate Coordinator

Minor Graduate Coordinator (if applicable)

Dean (if applicable)

Student

Approval Signatures:

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date