Reset Form

PLEASE TYPE

MISSOURI STATE UNIVERSITY - GRADUATE COLLEGE
Advisor Approved Program of Study

Name: _____ **M-number:** _____ **Email Address:** _____

Street Address: _____ **City, State, Zip:** _____

Degree Sought: _____ **Area of Study:** _____

INSTRUCTIONS

1. All entries must be typed!
2. List only those graduate courses needed to meet the requirements for the degree. Do not list any prerequisite courses.
3. List the graduate courses that you have taken, the ones you are currently taking, and the ones you plan on taking to complete your degree.
4. List the departmental course code and number, title, and credit hours for each course.
5. Place an asterisk (*) after the course number of all transfer course work and indicate the institution on the line provided near your signature.
6. FORM MUST HAVE THE REQUIRED SIGNATURES BELOW (Advisor, Program Coordinator, and/or Department Head) BEFORE IT WILL BE ACCEPTED BY THE GRADUATE COLLEGE.
7. Any course work reflected on this candidacy does not alleviate your responsibility or obligation as a student to meet the requirements as outlined in the graduate catalog under which you apply.

Course Subject	Course Number	Title	Credit Hours	Grade	Semester/ Year