MURRAY STATE UNIVERSITY

Graduate Program for s Degree

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: _____

Name: _____ Date: _____
Last First Middle/Maiden

Mailing Address: _____ Primary Phone: _____

_____
City State Zip

E-mail Address: _____

Graduate curriculum you propose to follow: _____ Endorsement: _____

Courses to be completed in earning the maste degree:

Catalog Year: _____

Course Prefix & No.		Course Title	Instructor	Semester Hours	Grade

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school s transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course at of

_____ _____

For Graduation Office	***Processed by***	***Date***