NMSU Graduate School
Educational Services Building Room 301
MSC 3GS P.O. Box 30001
Phone: 575-646-5746 Fax: 575-646-7758
http://Gradschool.nmsu.edu

Graduate School Use Only
Department Receipt Sent and Form Processed by:

_____
Name/Date

Program of Study for Master's Students

This form should be completed before the completion of 12 credit hours in a program and submitted to the Graduate School.

Last Name:	**First Name:**
Banner ID:	**E-Mail:**
Phone:	
Major:	**Area of Concentration:**
1st Minor:	**2nd Minor:**

Course of Study

Courses completed at NMSU (Please use * to designate the Courses that are in progress or not yet taken.)

Course# with Prefix:	Course Title:	Credit Hours	Grade:

Courses completed at NMSU (continued)

Course# with Prefix:	Course Title:	Credit Hours	Grade:

	I have courses completed at different universities that I have transferred into my program as part of my degree requirements. I am attaching this information utilizing the third page of this form, and those signing approval have reviewed the attached information.
	I do not have courses completed at other universities that I am transferring into my program.

Approvals:	**Signatures**	**Legibly Printed Name**	**Date:**
1. Student's Advisor:			
2. Minor Faculty:			
3. Student:			
4. Department Head:			
5. Academic College Dean:			
5. Graduate School:			

***Any changes made to this form require the student to submit a Program of Study Change Form.**

Courses completed at different universities that have transferred into your program as part of your degree requirements.

This form must be reviewed by those approving your program of study and committee, and the correct box must be designated that you are attaching this form. (Please use * to designate the Courses that are in progress or not yet taken.)

Course# with Prefix:	Course Title:	Credit Hours	Grade:

Form Last Modified 9/5/14 MilenB