PRINT

MURRAY STATE UNIVERSITY

Graduate Program for Master'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: M.A. ED. In IECE Teacher Leader Endorsement: Teacher Leader

Courses to be completed in earning the master's degree:

Catalog Year: _____

Course Prefix & No.		Course Title	Instructor	Semester Hours	Grade
EDU	600	Introduction to Teacher Leadership		2	
EDU	631	Classroom Management and Student Motivation		3	
EDU	637	Instruction for Diverse Learners		3	
TLE	620	Educational Improvement through Research		3	
EDU	640	Exit Seminar in Teacher Leadership		1	
ELE	604	Advanced Studies in Kindergarten		3	
FCS	625	Advanced Child Development Program		3	
SED	652	Assess. & Prog. Planning for Infants, Toddlers, Preschoolers & Families		3	
SED	653	Methods and Materials for Infants, Toddlers and Preschoolers		3	

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 replaced (if any).

Applicant's Signature _____

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line

Comprehensive Exam Required? Yes ☐ No ☐ Portfolio Required? Yes ☐ No ☐

Departmental Graduate Advisor Approval _____ Date _____

Department Chair Approval _____ Date _____

College Graduate Coordinator Approval _____ Date _____

College Dean Approval _____ Date _____

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

Please return completed form to the Graduation Office, 113 Sparks Hall.

msu.graduation@murraystate.edu