Murray
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#: M

Name: _____ Date: _____
Last First Middle/Maiden

Mailing Address: _____ Work Phone: _____

_____ Home Phone: _____
City State Zip

E-mail Address: _____ Cell Phone: _____

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow: _____ Endorsement: _____

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

Course Prefix & No.		Course Title	Semester Hours	Grade
CTE	601	Introduction to CTE for Initial Certification	2	
EDU	631	Classroom Management and Std. Motivation	3	
EDP	675	Advanced Educational Psychology	3	
REA	612	Foundations of Literacy	3	
SED	605	Char. and Needs of Child/Youth w/ Mild Disabilities	3	
CTE	665	Program Planning and Evaluation	3	
CTE	672	Managing CTE Learning Facilities	3	
CTE	667	Emerging Trends in Instructional Technology	3	
CTE	676	Organization and Administration of CTE	3	
CTE	678	Review of Professional Literature in CTE	3	
CTE	680	Exit Seminar in CTE	1	

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

APPROVED	DISAPPROVED	
☐	☐	Departmental Graduate Advisor _____ Date _____
☐	☐	Department Chair _____ Date _____
☐	☐	College Graduate Coordinator _____ Date _____
☐	☐	College Dean _____ Date _____

For Graduate Admissions	*Processed by*	*Date*