



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: _____

E-mail Address: _____ City State Zip Cell Phone: _____

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow: Master of Arts in Education in Library Media (Initial Certification)

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

Course Prefix & No.	Course Title	Semester Hours	Grade
<u>EDU 626</u>	<u>Integrating Educational Technology</u>	<u>3</u>	_____
<u>EDU 633</u>	<u>Curriculum Development</u>	<u>3</u>	_____
<u>EDU 639</u>	<u>Research to Improve Student Learning</u>	<u>3</u>	_____
<u>LIB 600</u>	<u>Libraries and Education</u>	<u>2</u>	_____
<u>LIB 620</u>	<u>Library Administration</u>	<u>3</u>	_____
<u>LIB 630</u>	<u>Organizing and Managing Library Collections</u>	<u>3</u>	_____
<u>LIB 640</u>	<u>Information Sources and Services</u>	<u>3</u>	_____
<u>LIB 699</u>	<u>Exit Seminar in Library Media Education</u>	<u>1</u>	_____
	<u>Student Teaching Experience (Pass/Fail)</u>	_____	_____
<u>LIB 613</u>	<u>Clinical Experience in Library Media</u>	<u>4</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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