



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: M.A.T. in Mathematics

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

Course Prefix & No.	Course Title	Semester Hours	Grade
EDU 600	Introduction to Teacher Leadership	2	_____
EDU 631	Classroom Management and Student Motivation	3	_____
EDU 633	Curriculum Development	3	_____
EDU 637	Instruction for Diverse Learners	3	_____
EDU 639	Research to Improve Student Learning	3	_____
EDU 640	Exit Seminar in Teacher Leadership	1	_____
MAT	_____	3	_____
MAT	_____	3	_____
MAT	_____	3	_____
MAT	_____	3	_____
MAT	_____	3	_____
MAT	_____	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

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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