



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**

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

Course Prefix & No.	Course Title	Semester Hours	Grade
EDU 626	Integrating Educational Technology	3	_____
EDU 633	Curriculum Development	3	_____
EDU 639	Research to Improve Student Learning	3	_____
LIB 600	Libraries and Education	2	_____
LIB 620	Library Administration	3	_____
LIB 630	Organizing and Managing Library Collections	3	_____
LIB 640	Information Sources and Services	3	_____
LIB 699	Exit Seminar in Library Media Education	1	_____
LIB 626	Administration Practicum in Library Media	1	_____
LIB 636	Cataloging Practicum in Library Media	1	_____
LIB 646	21st-Century Skills Practicum in Library Media	1	_____
LIB 656	Technology Practicum in Library Media	1	_____
	Limited Library Media Electives (9 hrs)		_____
		3	_____
		3	_____
		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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