

Last Name:

NMSU Graduate School

Educational Services Building Room 301 MSC 3GS P.O. Box 30001

Phone: 575-646-5746 Fax: 575-646-7758

http://Gradschool.nmsu.edu

Graduate School Use Only
Department Receipt Sent and Form Processed by:
Name/Date

Program of Study for Master's Students

This form should be completed before the	ne completion of 12 credit hours	s in a program and submitted to th	e Graduate School.

First Name:

Banner ID:		E-Mail:			
Phone:					
Major: Area of Conce					
1 st Minor: 2 nd Minor:					
Course of Study Courses completed at NMSU (Please use * to designate the Courses that are in progress or not yet taken.)					
Course# with Prefix:	Course Title:		Credit Hours	Grade:	
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Courses completed at NMSU (continued)								
Course# with Pref	ix:	Course Tit	tle:			Credit Ho	urs	Grade:
I have courses completed at different universities that I have transferred into my program as part of my degree requirements. I am attaching this information utilizing the third page of this form, and those signing approval have reviewed the attached information.								
				at other universities		rring into m	ıv nr	ngram.
			<u> </u>		<u>vw</u> v- w	<u></u>	<u>-J P -</u>	<u> </u>
Approval	s:		Signatures		Legibly Printe	d Name	Date	e:
1. Student'	s Adv	isor:						
2. Minor Faculty:		y:						
3. Student	:							
4. Departn	nent I	Head:						
5. Academ	ic Co	llege Dean:						
5. Graduate	e Scho	ool:						

^{*}Any changes made to this form require the student to submit a Program of Study Change Form.

Courses completed at different universities that have transferred into your program as part of your degree requirements.

This form must be reviewed by those approving your program of study and committee, and the correct box must be designated that you are attaching this form. (Please use * to designate the Courses that are in progress or not yet taken.)

Course# with Prefix:	Course Title:	Credit Hours	Grade: