

NMSU Graduate School

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

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http://Gradschool.nmsu.edu

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

Program of Study and Committee for Educational Specialist Students

This form should be completed before the completion of 12 credit hours in a program and emailed to the Graduate School at

gradinfo@nmsu.e	du.				
Last Name:		First Name:			
Banner ID:		E-Mail:			
Phone:					
Major:		Area of Concentration:			
1 st Minor:		2 nd Minor:			
	al Specialist Committee Members of Committee is listed as first member. If you have		ase put co-chair afte	er name on the secon	nd line.
Name of Committee Member Email of Com			mittee Member		
1.					
2.					
3.					
1					
5.					
6.					
Courses com	pleted at NMSU (Please use * to design	gnate the Cou	rses that are in p	rogress or not ye	t taken.)
Course# with Prefix:	Course Title:			Credit Hours	Grade:

Courses completed at NMSU (continued)						
Course# with Prefix:	Course Tit	le:			Credit Hours	Grade:
						<u> </u>
par	rt of my degr	ompleted at different ee requirements. I am signing approval have	attaching this info	ormation utilizing	v 1	,
I de	o not have co	urses completed at of	ther universities t	hat I am transfe	rring into my p	rogram.
Approvals:		Signatures		Legibly Printe	d Name Dat	e:
1. Student's Ad	lvisor:					
2. Minor Facult	ty:					
3. Student:						
4. Department Head:						
5 Graduate School:						<u></u>

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: