

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 completion of 12 credit hours in a program and submitted to the Graduate School at <u>gradinfo@nmsu.edu</u>.

Last Name:	First Name:
Banner ID:	E-Mail:
Phone:	
Major:	Area of Concentration:
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:

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

Courses completed at NMSU (continued)

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.

I do not have courses completed at other universities that I am transferring into my program.

Approvals:	Signatures	Legibly Printed Name	Date:
1. Student's Advisor:			
2. Minor Faculty:			
3. Student:			
4. Department Head:			
5. Academic College Dean:			

5. Graduate School:		
5. Oradaate Sellool.		

*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:

Form Last Modified 9/1/22