

NMSU Graduate School

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

Program of Study and Committee for Doctoral Students

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

Last Name: First Name: Banner ID: E-Mail: Phone: **Area of Concentration:** Major: 2nd Minor: 1st Minor: **Doctoral Committee Members:** Advisor or Chair of Committee is listed as first member. If you have co-chairs, please put co-chair after name on the second line. **Name of Committee Member Email of Committee Member** 1. 2. 3. 5.____ 6. **Courses completed at NMSU** (Please use * to designate the Courses that are in progress or not yet taken.) Course# **Course Title: Credit Hours Grade:** with Prefix:

Courses completed at NMSU (continued)								
Course# with Prefix	Course	Title:			Credit Ho	urs	Grade:	
]	part of my d	es completed at differences requirements. I absence signing approval have	m attaching this info	ormation utilizing				
]	I do not have	e courses completed at	other universities t	hat I am transfe	rring into n	ny pr	ogram.	
Approvals:		Signatures		Legibly Printed	d Name	Date	e:	
1. Student's	Advisor:							
2. Minor Faculty:								
3. Student:								
4. Department Head:								
5. Academi	c College Dea	n:						
5. Graduate School:								

^{*}Any changes made to this form require the student to submit a Program of Study Change Form Form Last Modified 9/24/14 MilenB

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: