

NMSU Graduate School

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http://Gradschool.nmsu.edu

Graduate School Use Only
Department Receipt Sent and Form Processed by:
Nama/Data

Program of Study for Master's Students

Last Name:		First Name:		First Name:				
Banner ID:		E-Mail:						
Phone:								
Major:		Area of Concentration:						
1 st Minor:		2 nd Minor:	2 nd Minor:					
Courses cor	npleted at NMSU (Please	Course of Study e use * to designate the Courses that a	are in progress or not y	et taken				
Course# with Prefix:	Course Title:		Credit Hours	Grade				
	•		ı	1				

Courses completed at NMSU (continued)								
Course# with Pref	ix:	Course Tit	tle:			Credit Ho	urs	Grade:
	part	of my degr	ee requirements.	rent universities that I am attaching this inta ave reviewed the attac	formation utilizing			
				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 F	Facult	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: