

**Mathematics - Idaho State University**  
**Master of Science Program of Study**

\_\_\_\_\_ **Initial**  
\_\_\_\_\_ **Final**

Student's Name: \_\_\_\_\_ Bengal ID: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Initial Major Advisor: \_\_\_\_\_  
Permanent Major Advisor: \_\_\_\_\_  
Other Permanent Committee Members: \_\_\_\_\_

**ALL transfer courses MUST be converted to semester credits and must be from a graduate degree granting school.**

List below the courses that you wish to apply toward your degree. **Please remember that all graduate courses, whether they are listed on this program of study or not, will count toward grade point average and are listed on your transcript.**

Dept/College	Course #	Course Title	Credits	Semester/Year	Institution
<b>500 Level Credits:</b>		<b>600 Level Credits:</b>			<b>Total Credits (30 Required)</b>

**Deficiencies** (*the following courses will not count towards the degree or the total number of credits*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments and/or Conditions** (*use additional sheets if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ <b>Student's Signature</b>	_____ Date	_____ <b>Major Advisor</b>	_____ Date
_____ <b>Department Chair/Program Director</b>	_____ Date	_____ <b>Interdisciplinary ONLY (If required) Secondary Department's Signature</b>	_____ Date
_____ <b>Dean, College of Science and Engineering</b>	_____ Date	_____ <b>Dean, Graduate School</b>	_____ Date