

Initial
Final

Mathematics - Idaho State University

Master of Science Program of Study

Form: MS
Revised Oct. 2018

Student's Name: _____
Mailing Address: _____
Email Address: _____

Bengal ID: _____
Home Phone: _____
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
500 Level Credits:		600 Level Credits:		Total Credits (30 Required)	

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): _____

Student's Signature Date

Major Advisor Date

Department Chair/Program Director Date

Interdisciplinary ONLY
(If required) Secondary Department's Signature Date

Dean, College of Science and Engineering Date

Dean, Graduate School Date