



The Graduate School  
 (406)994-4145 [www.montana.edu/gradschool](http://www.montana.edu/gradschool)

**Graduate Program of Study & Committee Form**

Date \_\_\_\_\_ Student ID \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Degree \_\_\_\_\_ in \_\_\_\_\_ Degree Title \_\_\_\_\_

Please list all degrees you currently hold (include both undergraduate and graduate degrees):

Degree	Major	Institution	Date Conferred

Degree	Major	Institution	Date Conferred

**\*\*\*\*My signature is an acknowledgement of service on this committee and it certifies that the student's coursework on this Program of Study meets the minimum requirements for the degree and Montana State University. \*\*\*\***

**Graduate Committee Appointment & Program Approval:**

- |    |                             |           |       |        |
|----|-----------------------------|-----------|-------|--------|
| 1. | _____                       | _____     | _____ | _____  |
|    | Name (please print) (Chair) | Signature | Date  | E-Mail |
| 2. | _____                       | _____     | _____ | _____  |
|    | Name (please print)         | Signature | Date  | E-Mail |
| 3. | _____                       | _____     | _____ | _____  |
|    | Name (please print)         | Signature | Date  | E-Mail |
| 4. | _____                       | _____     | _____ | _____  |
|    | Name (please print)         | Signature | Date  | E-Mail |
| 5. | _____                       | _____     | _____ | _____  |
|    | Name (please print)         | Signature | Date  | E-Mail |
| 6. | _____                       | _____     | _____ | _____  |
|    | Name (please print)         | Signature | Date  | E-Mail |

**Program & Committee Approval:**

_____	_____	_____	_____
Department Head	Date	The Graduate School	Date
_____	_____	<b>*Please note a one-time \$50 processing fee will be charged to your student account for processing this form.</b>	
Student Signature*	Date		

Office Use Only:

ID# \_\_\_\_\_  
 Semester of Acceptance into Degree Program: \_\_\_\_\_

**Graded coursework:** Please list all courses to be completed at MSU after admission to your degree program

Office use

Rubric & Course #	Course Title	Instructor	Year	Credits each Semester in Chronological Order			Grade
				F	S	Su	

**Subtotal Graded Coursework**

***Transfer/Non-Degree/Reserved Credits (9 credits max, grade of B or better):***

Office use

Rubric & Course #	Course Title	Instructor	Year	Credits each Semester in Chronological Order			Grade
				F	S	Su	

**Subtotal Additional Work**

**Research Credits: 590/ 690 or Professional Paper/Project Credits (575)**

Office use

Rubric & Course #	Course Title	Instructor	Year	Credits each Semester in Chronological Order			Grade
				F	S	Su	

**Subtotal Research Credits**

**Advisor's initials** \_\_\_\_\_ **TOTAL CREDIT HOURS** \_\_\_\_\_

**List any courses required by department that do not count towards degree requirements:**
