Initial **Mathematics - Idaho State University**

Form: MS Revised Oct. 2018

 Final

**Master of Science Program of Study**

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.**

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| --- | --- | --- | --- | --- | --- |
| **Dept/College** | **Course #** | **Course Title** | **Credits** | **Semester/Year** | **Institution** |
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| **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