Mathematics - Idaho State University  
Master of Science Program of Study

Form: MS  
Revised Oct. 2018

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.

<table>
<thead>
<tr>
<th>Dept/College</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/Year</th>
<th>Institution</th>
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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: ____________