NEW ONE PAGE FORM---Copies will be made and distributed by Admissions Services

Murray
MURRAY STATE UNIVERSITY

Graduate Program for Master's Degree

(Complete this form and send it to your graduate advisor)

Graduate advisor

Social Security Number _____

Name (Mr, Miss, Mrs.) _____ Date _____
Last First Middle

Address _____

_____
City State Zip

Baccalaureate Degree _____ Major _____ Minor _____

College that granted baccalaureate degree _____ Date granted _____

Graduate curriculum you propose to follow _____

Courses to be completed in earning the master's degree:

Course No.	Course Title	Semester Hours	Grade

If transfer credit is included in this program, list the class(es) as it appears on the other school's transcript and the initials of the school beside the name of the class.

Applicant's Signature _____

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line

APPROVED ☐ ☐ ☐ ☐ ☐

DISAPPROVED ☐ ☐ ☐ ☐ ☐

Department graduate advisor _____ Date _____

Department chairman _____ Date _____

College graduate coordinator _____ Date _____

College dean _____ Date _____

[redacted] _____ Date _____

White copy—VPAA-Admissions Yellow copy—Graduate coordinator of college **For Graduate** Processed by Date