

**GRADUATE PROGRAM OF STUDY
IDAHO STATE UNIVERSITY**

Planned Program _____ Final Program _____
Date submitted Date submitted

Student Name _____ Student Number _____
Address _____ City, State Zip _____
Department _____ Degree Sought _____
Major Advisor _____
Departmental Committee Members _____
G.F.R. _____

List the courses that you wish to apply to your degree. All transfer courses must be converted to semester credits.

600-level courses					
Dept. Course #	Title	Credits	Grade	Year	Institution
500-level courses					
Dept. Course #	Title	Credits	Grade	Year	Institution
Out-of department courses					
Dept. Course #	Title	Credits	Grade	Year	Institution

Student's Signature Date

Major Advisor's Signature Date

Chairperson's Signature Date

Graduate Dean's Signature Date

non-thesis option *or*
 thesis option

Total 500 level credits _____
Total 600 level credits _____
Total Credits _____