GRADUATE PROGRAM OF STUDY
IDAHO STATE UNIVERSITY

Planned Program _____ date submitted
(submitted first semester of enrollment)

Final Program _____ date submitted
(submitted semester prior to graduation)

Student Name _____ Student Number _____

Department *Geosciences* Degree Sought *Post-Baccalaureate GeoTechnology Certificate*

Major Advisor _____

Departmental Committee Members: *n/a*

G.F.R. *n/a*

List below the courses that you wish to apply to your degree. A minimum of 15 credits at the 600 level (including 6 thesis cr.) with a total of 30 credits. All transfer courses must be converted to semester credits.

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

X non-thesis option

_____ thesis option

Summary

500 level credits _____

600 level credits _____

Total Credits *19*