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 _____ Degree Sought *M.S. in GIScience*

Major Advisor _____

Departmental Committee Members: _____

G.F.R. _____

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

_____ non-thesis option

_____ thesis option

_____
Major Advisor's Signature Date

_____
Chairperson's Signature Date

_____
Graduate Dean's Signature Date

Summary

500 level credits _____

600 level credits *15*

Total Credits *30*