

COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
Master of Science Degree Proposed Academic Program

Name: _____ Department: _____
 PID: _____ Major: _____
 Semester Admitted: _____ Degree: Plan A Plan B Other:

Tentative Thesis/Research Project Topic: _____

Program of Study *(Group courses alphabetically by Subject, then by Course # within the Subject.)*

Subject	Course #	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Course Credits	_____
Plan A Research Credits (899) OR	_____
Plan B Research Credits (898)	_____
TOTAL PROGRAM CREDITS	_____

Collateral Courses

Subject	Course #	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures and Approvals

_____	Student	_____	Signature	_____	Date
_____	Major Professor	_____	Signature	_____	Date
_____	Committee Member	_____	Signature	_____	Date
_____	Committee Member	_____	Signature	_____	Date
_____	Committee Member	_____	Signature	_____	Date
_____	Coordinator, Chair or Director	_____	Signature	_____	Date
_____	Associate Dean	_____	Signature	_____	Date

(to be submitted during student's second semester at MSU.)