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 <u>second</u> semester at MSU.)