Division of Graduate Education
(406) 994-4145 www.montana.edu/gradstudies

Graduate Program of Study & Committee Form

00/00/0000	-00000000
Date	Student ID

Sample	**Student**	**S.**	**(000)-000-0000**
Last Name	First Name	Middle/Maiden	Phone Number

Mailing Address: 0000 Street Address — City — State — 00000
Street — City — State — Zipcode

E-Mail sample@email.com Degree **MS** in **Science Education**
Degree Title

Please list all degrees you currently hold (include both undergraduate and graduate degrees):

Degree	Major	Institution	Date Conferred
B.S.	Secondary Ed-Biology	Homestate University	00/00/0000

******My signature is an acknowledgement of service on this committee and it certifies that the student's coursework on this Program of Study meets the minimum requirements for the degree and Montana State University.******

Graduate Committee Appointment & Program Approval:

1. Name (please print) **(Project Advisor)** — Signature — Date — E-mail
2. Name (please print) **(Project Reader)** — Signature — Date — E-mail
3. Name (please print) **(MSSE Director)** — Signature — Date — E-mail
4. Name (please print) — Signature — Date — E-mail
5. Name (please print) — Signature — Date — E-mail
6. Name (please print) — Signature — Date — E-mail

Program & Committee Approval:

Department Head — Date — Division of Graduate Education — Date

Student Signature* — Date

***Please note a $50 fee will be charged to your student account for processing this form.**

Office Use Only: