



The Graduate School
degreesandcertificates@montana.edu

Graduate Program of Study

Date Student ID #

Last Name First Name Middle Initial Email

Department Degree in Degree Title

Mailing Address: Street City State Zip

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

Degree Major Institution Date Conferred

Degree Major Institution Date Conferred

\*\*My signature certifies that the student's coursework on this Program of Study meets the minimum requirements for the degree at Montana State University. \*\*

- 1. Name (please print) (Chair) Signature Date E-Mail
2. Name (please print) Signature Date E-Mail
3. Name (please print) Signature Date E-Mail
4. Name (please print) Signature Date E-Mail
5. Name (please print) Signature Date E-Mail
6. Name (Optional Graduate Representative) Signature Date E-Mail

Department Head Signature Date The Graduate School Date

Student Signature\* Date

\* Please note: a one-time \$50 processing fee will be charged to your student account upon approval of this form.

Office Use Only:



Student Name/ID#: \_\_\_\_\_ Term of Acceptance into Degree Program: \_\_\_\_\_

**Exam and Defense Estimated Schedule:** Indicate exam and/or defense as required by the department.

Exam / Defense Type	Year	Term		
		F	S	Su
Master's Comprehensive Exam				
Master's Defense of Thesis				

Exam / Defense Type	Year	Term		
		F	S	Su
Doctoral Written Exam				
Doctoral Oral Exam				
Doctoral Defense of Dissertation/Scholarly Project/Paper				

**Research Credits:**

**Professional Paper/Project (575), Master's Thesis (590), Doctoral Dissertation (690), or Scholarly Paper/Project (675)**

Plan A: Thesis or Dissertation     Plan B: Professional Paper/Project

Rubric & Course #	Course Title	Instructor	Year	Number of credits each term			Office use
				F	S	Su	Grade

**Subtotal Research Credits**

**TOTAL CREDIT HOURS** \_\_\_\_\_

**List any courses required by the department that do not count towards degree requirements:**

Rubric & Course #	Course Title	Instructor	Year	Number of credits each term			Office use
				F	S	Su	Grade

**Master's Degree credits to be considered toward the Doctoral Degree:** Maximum of 30 credits from the master's degree may be used.

Rubric & Course #	Course Title	Institution	Year	Number of credits each Semester			Office use
				F	S	Su	Grade

**Total Master's Degree credits to be considered toward the Doctoral Degree** \_\_\_\_\_

**Committee Chair's initials** \_\_\_\_\_