Student's Name: ____________________________________________________________

B.S. Degree (Major) ______________________________________________________

I. Course Program (course #, credits and semester; place an asterisk* by your 6 credits of outside coursework)

Courses taken to satisfy deficiencies in undergraduate preparation (these classes do not count towards the graduate degree):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course title</th>
<th>Credits</th>
<th>Semester (taken/planned)</th>
<th>Leave blank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Courses counting to NMT masters degree (do not include classes that do not count towards this degree or those that you wish to reserve for a subsequent graduate degree):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course title</th>
<th>Credits</th>
<th>Semester (taken/planned)</th>
<th>Leave blank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List Catalog year to be used for completion of degree requirements: ________________________________

Degree program: ___________________________ Option (if applicable): ___________________________

Graduate minor (if applicable) ________________________ (Attach minor form)

Academic Advisor's Acceptance ___________________________ Date: ____________

Committee Members (initial) ___________________________ ___________________________

Graduate Dean ___________________________ Date: ____________

Return to Center for Graduate Studies After Each Entry

1/15/2015
II. Thesis ☐ or Independent Study ☐

Title: ________________________________

Defense/Independent Study Report Pass ☐ Fail ☐

Written report of the defense (copy to student, chair and dean) Date: __________________________

Research Advisor's Acceptance ________________________________ Date: __________________________

Committee Members (initial) ________________________________________________

III. All Requirements Completed:

Department Chairperson ________________________________ Date: __________________________

IV. Digital copies

a) With Thesis


Accepted: yes ☐ no ☐ Initials: ________________

b) With Independent Study

Digital Abstract: Submitted: yes ☐ no ☐ Initials: ________________

Accepted: yes ☐ no ☐ Initials: ________________

V. Written Report of the Advisory Committee:

Received by ________________________________ Date: __________________________