

Request to Enroll in Graduate Courses

NAME:				NET ID:		
(La	st) (First)		(Middle)			
MSU ID #: _		EMAIL:				
HOME PHONE NUMBER:		WORK/	DRK/CELL PHONE:			
MAJOR:	MST	MSIT		Ed.S.	Ph.D.	
	Total Expected Hours to Full-time course load for not exceed 13 hours [per enrollment. Students wi without permission. In the	be Scheduled fall and spring seme Graduate Council, th a grade of "D" or his case, permission es may have their so	esters is 9 through 1 5/14/04]. A total of "F" in the previous is required of dean chedule blocked. St	ram of study – to be verified by 3 credit hours. Graduate cre f 6 hours is considered full-tir semester may not enroll in the and provost on a different for udents must obtain permission	dit hours may me summer ne next semester orm. Students	
Fall 20			Spring 20			
SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	
Maymester 20			Summer I 20			
SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	
Full Term 20			Summer II 20			
SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	SYMBOL/ NUMBER	COURSE TITLE	CREDIT HOURS	
Requested E	BY:		Approved by:			
Student Signature			Major Advisor Signature			
courses not	equired ONLY if student requestincluded on program of study	(Program		*Committee Member Sign	ature	
of Study charequest.)	ange form is also required for t	his		*Committee Member Sign	 ature	