



GRADUATE COURSEWORK

Submit this form to the Shackouls Honors College the semester prior to the graduate work semester.

Student's Name: _____

MSU ID: _____ Net ID: _____

Instructor's Name & Department: _____

Instructor's Email: _____

Proposed Semester: _____

Course Number & Name: _____

Student: By signing this form, I agree to complete all graduate-level work as assigned by the instructor.

Required Signatures

Student: _____ Date: _____

Instructor: _____ Date: _____

Honors College Dean: _____ Date: _____