

THE GRADUATE SCHOOL – LOUISIANA STATE UNIVERSITY

Master’s Application for Degree

(Please submit 1 typed original to the Graduate School)

Name _____ LSUID# _____

Major Field _____ Minor Field _____

Degrees held (University and date of each) _____

I hereby apply for candidacy for the degree of Master of _____

(Ex: Arts, Science, Science in C.E.)

_____ for the semester/term of _____

(semester / year)

List all LSU graduate courses and hours required toward this degree. (Example: CHEM 4492 (3), CHEM 8000 (6), etc.)

1. Major Courses Completed: _____

2. Minor Courses Completed (if applicable): _____

3. Transferred or Petitioned Credits (and institution): _____

Total Hours Completed _____

4. Courses Remaining to Complete this Degree Program: _____

Total Hours Remaining _____

Check one: Non-Thesis/Project _____

Thesis _____

If thesis option, state title of thesis: _____

Signature of Applicant _____ Date _____

(H) _____ (W) _____

Phone #(s) of Applicant _____

E-Mail Address _____

Signature of Major Professor _____

(type name in full)

Date

Signature of Department Chair _____

(type name in full)

Date

Approval of Dean of the Graduate School

(Revised 03/09/07)