

**St. Cloud State University
Center for Information Media**

Application for Program Approval: Master of Science Degree

Major: Information Media

DATE [Type text]

STUDENT ID # [Type text]

NAME [Type text]

MAILING ADDRESS [Type text]

CITY [Type text]

STATE [Type text]

ZIP [Type text]

HOME PHONE [Type text]

BUSINESS PHONE & EXT. [Type text]

E-MAIL [Type text]

NAME OF UNDERGRADUATE COLLEGE OR UNIVERSITY
[Type text]

PLACE OF EMPLOYMENT [Type text]

CURRENT POSITION HELD [Type text]

THESIS TITLE [Type text]

THESIS/PORTFOLIO COMMITTEE [Type text]

CHAIRPERSON [Type text]

ARE YOU ON AN ASSISTANTSHIP? (TYPE YES/NO) [Type text]

IF YES, DEPARTMENT [Type text]

Request transfer of the following courses:

(Official transcripts of all transfer credits which have been completed are required to be in the Graduate Studies Office before program can be approved.)

Course #	Name of Course	College or University	Sem./Qtr. Hours	Mark	Date Taken

All deficiencies related to this student's admission to graduate study have been removed. I approve the program outlined in this application.

The program outlined in this application complies with the minimum course requirements of the University for the Master of Science degree in this major field.

Signature of Advisor and Date

Signature of Graduate Dean and Date

