

ST. CLOUD STATE UNIVERSITY
Application for Master of Science Semester Program Approval

Major: Electrical Engineering

Social Security Number _____

Date _____

Name in Full _____

Local Address

Local
Phone No. _____

Business
Phone No. _____

_____ City State Zip

I request the following graduate courses be transferred from: (Official transcripts of all transfer credits which have been completed are required in the Graduate Office before program can be approved)

_____ Name of College or University

_____ Address of College or University

<u>Dept. and Course No.</u>	<u>Name of College or University</u>	<u>Sem./Qtr.</u>	<u>Hours</u>	<u>Mark</u>	<u>Date Taken</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(The area below the broken line should not be filled in by applicant)

I certify that this student is eligible for program approval and that I approve the program outlined in this application.

Major Adviser: _____

Adviser: _____

Adviser: _____

The program outlined in this application complies with the minimum course requirements set by this university for the Master's degree.

Signature of Graduate Dean: _____

Student Notified: _____

