

REQUEST FOR MASTER'S EXAMINATION & DEGREE AUDIT

Name:	Committee Chair: _____
LSU ID#:	Committee Member: _____
Major:	Committee Member: _____
Minor:	Committee Member: _____
Degree Sought: Master of _____ (science, arts, etc.)	Signature of Major Prof: _____
	Signature of Grad. Advisor or Dept. Chair: _____

List all LSU graduate courses and hours required towards this degree (Example: CHEM 7090 (3), etc.)

1. Coursework earned in Major Field:

2. Coursework earned in Minor Field IF you have declared a formal minor:

3. Transferred or Petitioned Credits (and institution):

4. Courses remaining:

Total Hours Completed: _____

Master's Examination Information

Exam Date/Time:

Place/Room:

Check: Thesis Non-Thesis

If "thesis," state title:

FOR OFFICE USE ONLY

GPA:

MINOR:

TIME:

REG:

COM:

CW:

DEAN SIG: