

Substitute Courses/Transfer Credits: Those substitute/transfer courses marked with an * on the reverse side **must** be listed here. Include the name of the institution. (Official transcripts showing completion of credit to be transferred from other institutions must be on file in the Graduate School PRIOR to approval of the Plan of Study.) The Supervisory Committee recommends the following substitute/transfer credits to satisfy degree requirements.

Institution	Department	Course No.	Title	Qtr/Sem Year Taken	Credits	Grade
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Credit Hours Transferred to Master's Program (in semester hours credits). _____

Total Credit Hours in Plan of Study: NDSU _____ Transfer _____ Total _____

(Please type name) Names of Supervisory Committee	Signature (Recommends approval)	Department Name
Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduate Appointee

Approved by:

_____	_____
Department/Program Chair	Date
_____	_____
Academic Dean	Date

Received by

_____	_____
Date	Date
_____	_____
Graduate School	Graduate Dean
Approved	

Comprehensive Exam	<u>Date Taken</u>	<u>Pass / No Pass</u>	<u>Date of Retake</u>	<u>Pass/No Pass</u>
	_____	_____	_____	_____