

Office of Student Financial Aid and Scholarship Services
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Office Use Only Advisor Initial

## **Preparatory Coursework Form**

st Name:	First Name:	Middle Initial:	Aggie ID:
MSU Email:	Phone Number:	Academic Year	
	quired to complete the prepara  Master's Degree program		
Course			Credit
Number	Course Tit	10	Hours
Number	Course Tit	ile	Tiouis
<u> </u>			
	1:		
		Total Credit Hours	
d		Total Cicali Hours	
degree program listed above. admitted into the program de above is solely for the purpo knowingly makes a false state	coursework that is listed above in Conce the required coursework uring their next term of enrollments of increasing the students Comment or misrepresentation on the United States Criminal Code and	has been completed satisfa ent. I also certify that none PA. Furthermore, I under his form is subject to penal	ctorily, the student will be of the coursework listed stand that if any person who
Academic Advisor	D	Pate	
understand this form. Furth	vided here is true and correct to the termore, I understand that if any true is subject to penalties which to U.S.C. 1097.	person who knowingly ma	kes a false statement or
Student		Date	