



**GRADUATE SCHOOL**  
 Southeast Missouri State University  
**INITIAL STUDY PLAN**  
**MASTER OF NATURAL SCIENCE**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Date received in Graduate Office: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_ Undergraduate Major: \_\_\_\_\_  
 (Year)

DEGREE PLAN M.N.S. Curriculum A [  ] Area of Emphasis: \_\_\_\_\_

Curriculum B [  ] Complementary Area: \_\_\_\_\_

Course No.	Course Title	Cr.	Grade	Date
<b>Area of Emphasis (15 – 18 Hrs.)</b>				
<b>Complementary Area (6 Hrs.)</b>				

Course No.	Course Title	Cr.	Grade	Date
<b>Electives</b>				

**At least 16 hours must be in the 600 level series.**

Preliminary Adviser assigned: \_\_\_\_\_

MNS Committee Constituted: \_\_\_\_\_

Placement Exam Completed / And Or Refresher Courses Completed:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
MNS Committee Chairperson

\_\_\_\_\_  
Dean, College of Science and Mathematics