## MISSOURI STATE UNIVERSITY - Missouri S&T Cooperative Program Advisor Approved Program of Study

Student N	Name:	Bear	Pass#: M	
Emnhasis	s (i.e., Civil, Elec			
INSTRU  1. List ( 2. List ( 3. List ( 4. FOR BEF( 5. IMP Affa 6. Retu	CTIONS  only those course the courses that he the departmental M MUST HAVE ORE IT WILL B ORTANT: Any irs for education on completed for By mail to Vetera By e-mail as .pdf	es needed to meet the requirements for the degree, including prerequirave been taken, courses currently in progress and the courses that wi course code, course number, course title, credit hours, and the semes a REQUIRED SIGNATURES BELOW (Student, Advisor/Program Compared to the course work NOT reflected on this form WILL NOT be certified in benefits.  In one of the following ways: In Student Services, Missouri State University, 901 S. National Ave., attachment to veteranservices@missouristate.edu  Veteran Student Services office located in Carrington Hall room 314	ll be completed f ter/year for each oordinator, or De E. to the Departme	course. partment Head) ent of Veterans
SUBJECT	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	SEMESTER / YEAR
ENG	110	EXAMPLE	3	Fall 2015
		<b>Total Credit Hours:</b>		
Student Signature:			Date: _	
PROGR	AM OF STUDE	NT APPROVAL SIGNATURE		
Advisor Name (Print):  Last First MI				
Advisor Signature:			Date:	
	OR			
	ad/Prog. Coord N	Jame (Print)		

Date: \_\_\_\_\_

Dept. Head/Prog. Coord Signature: