

Master's Degree Audit

Email submission to gradsvcs@lsu.edu

Attention: This form is **ONLY** required for applicants in the following programs: Accounting, Business Administration, Finance, Human Resource and Leadership Development, School of Library and Information Studies, Landscape Architecture, and Social Work (Non-Thesis).

Name:	De	grees Held:		
LSU ID:	Ins	Institution:		
Major:	De	Degree Sought (MA, MS, etc.):		
Minor:	Sei	Semester of Graduation:		
Coursework Informatio List all relevant LSU gra (Ex: CHEM 7947 (3), CI	duate courses and hours rec	quired toward this degre	e.	
Coursework Earned in M	ajor Program:			
Coursework Earned in M	linor Program (if a formal m	inor has been declared):		
Courses Transferred or P	etitioned (list institution):		1	
			Total Hours C	completed:
Courses Remaining:				I
			Total Hours F	Remaining:
Required Signatures Pr	int and Sign Names:			
Student:			Date:	
Dept Chair or Grad Advi	Date:			
Major Professor:	Date:	Date:		
Minor Professor (if appli	Date:	Date:		
Dean of the Graduate Sci	Date:			
For Office Use Only:				
GPA: REC	: CW:	COM:	MINOR:	TIME: