

**GRADUATE MINOR IN MUSEUM STUDIES PROGRESS FORM**

UIN: \_\_\_\_\_

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

LAST NAME: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

**COURSE REQUIREMENTS:**

Category	Course	Title	Hours	Term/Year	Note
Core					
Elective					
Elective					
Elective					
Elective					

**COURSE SUBSTITUTION APPROVALS:**

New Course	Title	Substitute For	Reason	MSSC Date Approved

**CAPSTONE REQUIREMENT:**

Experience Type: \_\_\_\_\_

Credit Vehicle: \_\_\_\_\_

MSSC Member: \_\_\_\_\_

Major Advisor: \_\_\_\_\_

Anticipated Product: \_\_\_\_\_

**FOR MUSEUM STUDIES PROGRAM USE**

Approved: _____	Date: _____	Completed: _____
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