



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, Information Studies, Landscape Architecture, and Social Work (Non-Thesis).

Name: _____ Degrees Held: _____

LSU ID: _____ Institution: _____

Major: _____ Degree Sought (MA, MS, etc.): _____

Minor: _____ Semester of Graduation: _____

Coursework Information:

List all relevant LSU graduate courses and hours required toward this degree.
(Ex: CHEM 7947 (3), CHEM 8000 (6), etc.)

Coursework Earned in Major Program:

Coursework Earned in Minor Program (if a formal minor has been declared):

Courses Transferred or Petitioned (list institution):

Total Hours Completed: _____

Courses Remaining:

Total Hours Remaining: _____

Required Signatures *Print and Sign Names:*

Student: _____ Date: _____

Dept Chair or Grad Advisor: _____ Date: _____

Major Professor: _____ Date: _____

Minor Professor (if applicable): _____ Date: _____

Dean of the Graduate School: _____ Date: _____

For Office Use Only:

GPA: _____ REG: _____ CW: _____ COM: _____ MINOR: _____ TIME: _____