

MONTANA STATE UNIVERSITY BILLINGS
GRADUATE COURSE UPDATE REQUEST

Please indicate with an "X" the status of your request:

_____ Request being filed at time of application for candidacy for masters degree (plan of study must be attached)

_____ Request being filed in order to extend six-year time limit of an approved masters degree plan of study (petition to the University Graduate Committee must be attached)

_____ Other (please describe) _____

Name _____ ID# _____

Master Degree _____ Advisor _____

Course to Update _____

Term and Year Taken _____ Grade _____

College/University _____ Original Instructor (optional) _____

Rationale for the update _____

UPDATE PLAN (Please attach additional sheet(s) as needed)

1. **Instructional Objectives:** i.e. what will be the specific focus of the update work?
2. **Activities:** What specific activities will be completed to do the update? (e.g. initial readings, on-campus meetings, lectures that will be attended, other)
3. **Products:** What products (e.g. paper, summaries, examinations, etc.) will be produced to demonstrate new knowledge and/or skills?
4. **Evaluation:** i.e. how will update be evaluated?
5. **Agreed upon date of Completion:** _____
Term and Year
6. **Degree Completion:** A timetable indicating the semester when all work toward your degree will be completed (please attach)**

The undersigned agree with the specified plan (as shown on the additional sheets):

1) _____ 2) _____
Student Professor supervising the update

3) _____ 4) _____
Advisor Department Chair

COMPLETION INFORMATION

The update plan has been completed as specified: _____

Signature of Professor supervising the update _____ Date _____
(copy: student, supervising professor, advisor, Graduate Studies Office—Original chair)

**Failure to complete your degree by the designated semester may require an additional petition to the MSUB Graduate Committee for an extension.