Doré School of Graduate Studies

McNeese State University

“PLUS 30” VALIDATION APPLICATION

**Submissions must be typed.**

| *PERSONAL INFORMATION* |
| --- |
| Name: | Click here to enter text. |  | ID: | Click here to enter text. |
| Address: | Click here to enter text. |  | Telephone: | Click here to enter text. |
|  | Click here to enter text. |  |  |  |

I certify that I have earned credit for the following graduate courses. I further certify that I hold a master’s degree from an accredited institution in addition to credit for these courses.

| COURSE PREFIX AND NUMBER |  | CREDIT HOURS |  | SEMESTER AND YEAR EARNED |  | UNIVERSITY GRANTING CREDIT |
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I verify that the coursework information list above is accurate as indicated by my signature.

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 Signature Date

Once complete, submit a hard copy of this document to:

MAIL: Doré School of Graduate Studies

 McNeese State University

 P.O. Box 92180

 Lake Charles, LA 70609

FAX: (337) 475-5397

IN-PERSON: Kaufman Hall 204

E-MAIL: ptaylor@mcneese.edu