

PROGRAM DESCRIPTION FORM  
ACADEMIC COMMON MARKET  
SOUTHERN REGIONAL EDUCATION BOARD

State Submitting Program: Mississippi

Title of program: \_\_\_\_\_

CIP Code: \_\_\_\_\_

Degrees offered: \_\_\_\_\_

Institution offering program: Mississippi State University

Title, address, phone, fax, email for program contact person:

Program Description (including admission prerequisites and program requirements)

Approved Specializations/Concentrations/Tracks:

\_\_\_\_\_  
\_\_\_\_\_

Length of Degree: \_\_\_\_\_

Total credits taken on campus: \_\_\_\_\_

Total credits taken by distance learning: \_\_\_\_\_

Total credits taken by correspondence: \_\_\_\_\_

Accreditation and/or certification

\_\_\_\_\_  
\_\_\_\_\_