



Student Information				
Name (LAST , First)		Student Number		
Major Department / Unit		Program Start Date (MM/YYYY)		
Field of Special Interest				
Program of Study <i>In the boxes below, please list the Course Number, Credit Hours and Course Classification (S - standard, X - auxiliary, A - audit, O - occasional).</i>				
GRAD 7500, 0-CH, S				
Other Requirements				
Language Requirement		If yes, which language _____		Expected date _____ <small>(MM/YYYY)</small>
Yes No		Method: Language course Reading test Other		
Candidacy Examination - Expected Examination Date (MM/YYYY)				
Proposed Thesis Topic				
Earliest Possible Date for Graduation				
February May October Year _____				
Special Requirements				
Advisory Committee	Name	Department/Unit	Highest Degree Obtained	Signature
Advisor				
Co-Advisor (if applicable)				
Committee Members				
Department/Unit Head	Name:		FGS Office Use Only Initial & Date	
	Signature:			
Date (MM/DD/YYYY)				