Student Information

Name (**LAST**, First)	Student Number
Major Department / Unit	Program Start Date (*MM/YYYY*)

Field of Special Interest

Program of Study
In the boxes below, please list the Course Number, Credit Hours *and* Course Classification (*S - standard, X - auxiliary, A - audit, O - occasional*).

GRAD 7500, 0-CH, S			

Other Requirements

Language Requirement Yes No	If yes, which language _____ Expected date _____ *(MM/YYYY)* 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: Signature: Date (*MM/DD/YYYY*)	FGS Office Use Only Initial & Date