



Student Information				
Name (LAST, First)		Student Number		
Department / Unit		Email		
Field of Special Interest		Program Start Date (mm/yyyy)		
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>				
<i>Example:</i> PHYS 7400 (3,S)				
Other Requirements				
Language Reading Test Requirement <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, which	
Candidacy Examination - Expected Examination Date				
Proposed Thesis Topic				
Earliest Possible Date for Graduation <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> October Year _____				
Special Requirements				
Advisory Committee	Department / Unit	Name	Highest Degree Obtained	Signature
Advisor				
Co-Advisor				
Committee Members				
Department Head			FGS Office Use Only Initial & Date	
Date (MM/DD/YYYY)				