



Is this a revision to an existing Program of Study Form?

Committee Change

Course/Program Change

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				
GRAD 7300, 0-CH, S				
Other Requirements				
Language Requirement Yes No		If yes, which language _____ Expected date _____ Method: Language course Reading test Other		
Candidacy Examination - Expected Examination Date (MM/YYYY)		Earliest Possible Date for Graduation February May October Year _____		
Proposed Thesis Topic				
Special Requirements				
Advisory Committee*	Name	Department/Unit	Highest Degree Obtained	Signature
Advisor				
Co-Advisor (if applicable)				
Committee Members				
*Does a conflict of interest (COI) exist on this committee? Yes No If Yes, please advise FGPS as to the nature and proposed mitigation.			FGPS Office Use Only Initial & Date	

Department Head/Graduate Chair		Date
Name	Signature	