

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