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PROPOSED PROGRAM OF STUDY
 HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T. No. _____

Name _____

Major _____

COURSES*				TRANSFER CREDIT INFORMATION		Date Completed or To Be Completed
Title	Course Number	Credit	Grade	Transfer From**	Equiv. TTU Course No.	
Background Courses						
Primary Area Courses						
Related Area Courses						
Research & Dissertation (24 Hour Minimum)						

Do you anticipate using Human Subjects in your research? YES NO
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

TOTAL Semester Hours Credit To Be Counted Toward Degree _____	* Enter courses in following order:
Other Requirements (Enter here any 7000 level courses taken for M.S. that are to be counted for the Ph.D. requirement)	1. Background courses--Include background courses taken at the Masters level
	2. Primary Area courses
	3. Related Area courses
	4. Research & Dissertation Courses
	**Enter name of university where courses were taken

Total Hours: 7000 level _____ 6000 level _____

Brief Description of Proposed Research _____

APPROVED ADVISORY COMMITTEE:

_____ date _____	Chairperson _____ date _____	_____ date _____
_____ date _____	Member _____	Departmental Chairperson _____
_____ date _____	Member _____	_____ date _____
_____ date _____	Member _____	Associate Dean, College of Engineering _____
_____ date _____	Member _____	_____ date _____
_____ date _____	Member _____	Office of Graduate Studies _____

Appointment of Advisory Committee