PROFESSIONAL SCIENCE MASTERS

PROPOSED PROGRAM OF STUDY

ENVIRONMENTAL INFORMATICS

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No. _____ Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES (does not count towards degree)	GEOG 4510/5510	Theory of GIS I			3	
	GEOG 4511/5511	Theory of GIS II			3	
Select 3 hrs. of Elective	ACCT 6010	Accounting Information for Management Decisions			3	
	BMGT 6200	Organizational Leadership			3	
	MATH 6070	Applied Linear Statistical Methods I			3	
	MKT 6100	Strategic Marketing			3	
	ESS 6510	Programming GIS			3	
	EVSS 6010	Environmental Social Policy			3	
	GEOG 5410	Remote Sensing			3	
	GEOG 5650	Environmental Applications of GIS			3	
	MATH 6470	Environmental Statistics			3	
					3	
	ESS 6910	Internship			3	
		TOTAL Semester Hours Credit to be Counted Toward Degree			33	

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.

6 years expires end of _____ (term) _____ (year)

Approved for Committee Chairperson Date

Approved for Committee Member Date

Approved for Committee Member Date

Dean of College Date

College of Graduate Studies Designee Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

Final GPA: _____

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

APPLICATION FOR ADMISSION TO CANDIDACY

AND

APPOINTMENT OF ADVISORY COMMITTEE

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

CANDIDACY:

Major Subject: PSM

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____

☐ GRE Score: _____ Writing Score: _____

(Please **type** the names of the graduate faculty you wish to serve on your advisory committee in the blanks below. Please **do not** have the faculty sign their names on this page.)

FILL IN ADVISORY COMMITTEE NAMES:

_____ Advisory Chairperson

_____ Committee Member

_____ Committee Member

STUDENT SIGNATURE: _____

Student T No. : _____