Tennessee Technological University
Ed.S.
PROPOSED PROGRAM OF STUDY

Student ID / T No. _____

Name _____ Major _____ Proposed Degree _____

	Course Number	Course Description	Where Taken	Date Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES Credit **not** Counted Toward Degree						
TRANSFER CREDIT						
COURSES TAKEN OR TO BE TAKEN at TTU to Count Toward Degree						

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 _____

Total semester hours including thesis:

7000 level ____ 6000 level ____ 5000 level ____   6 years exires end of _____ _____
                                                                              (term)   (year)

                                                         Final GPA:_____

APPROVED ADVISORY COMMITTEE:

_____ Chairperson_____date

_____ Member_____date   _____ _____
_____ Member _____ date   Departmental Chairperson   date
_____ Member _____ date   _____ _____
_____ Member _____ date   Dean of College   date
                                                              _____ _____
                                                              Office of Graduate Studies   date

ALL SIGNATURES VERIFY APPROVAL OF <u>TOTAL</u> FORM

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.

Revised 10/21/2015

**APPLICATION FOR ADMISSION TO CANDIDACY
AND APPOINTMENT OF E.d.S. ADVISORY COMMITTEE**

I certify that I have satisfactorily completed fifteen 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.

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

_____,Chairperson

_____,Member

_____,Member

_____,Member

Student's Name _____ T # _____
                                        (Type)

Student's Signature _____

For Graduate Studies Office Use Only:

Major Subject:_____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU:_____ Other Universities: _____

Graduate Quality Point Average at TTU:_____Other Universities: _____

GRE General Test Score --Verbal: _____ Quantitative: _____ Analytical: _____

Miller Analogies Test-- Raw Score: _____ Percentile: _____