



# 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						
Select 3 hrs. of Elective						
<b>TOTAL Semester Hours Credit to be Counted Toward Degree</b>					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 \_\_\_\_\_ ) \* u-

Approved for Committee Member \_\_\_\_\_ ) \* u-

Approved for Committee Member \_\_\_\_\_ ) \* u-

Director of PSM Program \_\_\_\_\_ DATE

Dean of College \_\_\_\_\_ DATE

College of Graduate Studies Designee \_\_\_\_\_ DATE

NOTICE: **ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM** Final GPA: \_\_\_\_\_

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. : \_\_\_\_\_