Tennessee TECH

PH.D. ENVIRONMENTAL SCIENCES
BIOLOGY CONCENTRATION
PROPOSED PROGRAM OF STUDY

T. No._____

Name _____

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

COURSES*				TRANSFER CREDIT INFORMATION		Date Completed or To Be Completed
Title	Course Number	Credit	Grade	Background or Transfer From**	Equiv. TTU Course No.	
30 Hours of Advised Coursework (need at least 12 Hours at the 7000 Level. Up to 18 hours from the Master's degree may be used as Background courses upon approval)						
Select 13 Hours						
Environmental Agriculture	EVSA 6010	3				
Environmental Geology	EVSG 6010	3				
Environmental Social Policy	EVSS 6010	3				
Environmental Chemistry	EVSC 6010	3				
Environmental Science Seminar	EVS 7910	1				
18 Hours of Research and Dissertation						
Research and Dissertation	EVSB 7990	3				
Research and Dissertation	EVSB 7990	3				
Research and Dissertation	EVSB 7990	3				
Research and Dissertation	EVSB 7990	3				
Research and Dissertation	EVSB 7990	3				
Research and Dissertation	EVSB 7990	3				

Do you anticipate using Human Subjects in your research? YES ☐ NO ☐

Final GPA:

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	61	
Other Requirements***:		
List requirements and give basis for choice if other:		

* Enter courses in following order:
1. Background courses
2. Primary Area courses
3. Related Area courses

**Enter name of university where courses were taken

***Practicums, internships, professional activities, etc.

Total Hours: 7000 level _____ 6000 level_____ 5000 level_____ 8 years expires end of_____ _____
(term) (year)

Brief Description of Proposed Research

APPROVED ADVISORY COMMITTEE:

_____ date _____ Chairperson

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____
Director of Environmental Studies

_____ date _____
Dean, Interdisciplinary Studies

_____ date _____
College of Graduate Studies Designee

Appointment of Advisory Committee

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Advisory Committee:

Name (please **type** in committee names)

_____
Chairperson

_____
Member

_____
Member

_____
Member

_____
Member

_____
Member

_____
Member

Student's Signature _____Date _____

Student T No. _____

Approved _____
Departmental Chairperson date

Approved _____
Associate Dean/Director for Doctoral Programs date

Approved _____
College of Graduate Studies Designee date