

PH.D. EXCEPTIONAL LEARNING PROPOSED PROGRAM OF STUDY HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T. No.

Name

Major

COURSES*	TRANSFER / BACKGROUND CREDIT INFORMATION		Date				
Title	Course Number	Credit	Grade	Transfer From and/or Background Courses	Equiv. TTU Course No.	Completed or To Be Completed	
The	Number	orean	Orade	Ū.		Completed	
TOTAL Semester Hours Credit To Be Counted Toward Degree				* Enter courses in following	g order:		
Other Requirements***:	Other Requirements***: 1. Background courses						
			2. Primary Area courses 3. Related Area courses				
List requirements and give basis for choice if other:					where courses v	vere taken	
***Practicums, internships, professional activities, etc.							
Total Hours: 7000 level 6000 level	5000 lev	vel	8 v	ears expires end of			
Brief Description of Proposed Research	00000.0				rm)	(year)	
					Final GP.	A:	
APPROVED ADVISORY COMMITTEE:							
date		Chairperson	date				
date date		Member Member	Departmental Chairperson				
date		Member	date				
date		Member	Associate	Associate Dean/Director for Doctoral Programs			
date		Member					
date		Member	date				
			College of	College of Graduate Studies Designee			
Do you anticipate using Human Subjects in you	r research?	YES NO					

If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

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			
Student's Signa	ture	Date	
Student T No.			
Anna and a			
Approvea	Departmental Chairperson		date
Approved			
	Associate Dean/Director for Doctoral Programs		date
Approved			
	College of Graduate Studies Designee		date