



**MASTER OF ARTS**  
**PROPOSED PROGRAM OF STUDY**  
**ENGLISH - Literature**  
 HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No. \_\_\_\_\_ Name \_\_\_\_\_

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
Back Ground or Transfer						
Required Core						
Brit. Lit. pre 1800						
Brit. Lit. post 1800						
Amer. Lit. pre 1865						
Amer. Lit. post 1865						
Thesis						
		<b><u>OR</u></b>				
Non-Thesis						
Choose 9 hrs. of Elective Courses if Thesis <b><u>OR</u></b>						
Choose 15 hrs. of Elective Courses if <b>Non-Thesis</b>						
*No more than 9 hours of 5000 level courses. <b>TOTAL Semester Hours Credit to be Counted Toward Degree</b>					<b>30 / 33</b>	

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 \_\_\_\_\_ **FINAL GPA** \_\_\_\_\_  
 APPROVED ADVISORY COMMITTEE: (term) (year)

_____ Chairperson	_____ Date	_____ Departmental Chairperson	_____ Date
_____ Member	_____ Date	_____ Dean of College	_____ Date
_____ Member	_____ Date	_____ College of Graduate Studies Designee	_____ Date
_____ Member	_____ Date		

- NOTICE: ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM**
- 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.**
  - Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.**

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**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.

(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.)

\_\_\_\_\_, Chairperson

\_\_\_\_\_, Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member

Student's Name \_\_\_\_\_ T # \_\_\_\_\_  
(Type in name)

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: \_\_\_\_\_