

**Tennessee Technological University**

**M.A./M.Ed./M.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 <b>not</b> Counted Toward Degree						
TRANSFER CREDIT						
COURSES TAKEN OR TO BE TAKEN at TTU to Count Toward Degree						
<p><b>Do you anticipate using Human Subjects in your research? YES ___ NO ___</b>  <b>If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.</b></p>						
TOTAL Semester Hours Credit to be Counted Toward Degree						

Total semester hours including thesis:  
 7000 level \_\_\_ 6000 level \_\_\_ 5000 level \_\_\_

**APPROVED ADVISORY COMMITTEE:**

\_\_\_\_\_ Chairperson \_\_\_\_\_ date  
 \_\_\_\_\_ Member \_\_\_\_\_ date  
 \_\_\_\_\_ Member \_\_\_\_\_ date  
 \_\_\_\_\_ Member \_\_\_\_\_ date  
 \_\_\_\_\_ Member \_\_\_\_\_ date

\_\_\_\_\_ Departmental Chairperson \_\_\_\_\_ date  
 \_\_\_\_\_ Dean of College \_\_\_\_\_ date  
 \_\_\_\_\_ Coordinator of Graduate Studies \_\_\_\_\_ date

**ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM**

**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 \_\_\_\_\_

Date Admitted to Full Standing \_\_\_\_\_

Graduate Credits Completed at Tenn. Tech. \_\_\_\_\_ Other Universities \_\_\_\_\_

Graduate Quality Point Average at Tenn. Tech. \_\_\_\_\_ Other Universities \_\_\_\_\_

GRE General Test Score: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

Miller Analogies Test Score: Raw Score \_\_\_\_\_ Percentile \_\_\_\_\_

**ADVISORY COMMITTEE:** (please type or print)

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

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

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

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

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

**Student's Signature** \_\_\_\_\_

**Student ID / T No.** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

**EMAIL ADDRESS:** \_\_\_\_\_