



MASTER OF PROFESSIONAL STUDIES
PROPOSED PROGRAM OF GRADUATE STUDY
 HEALTHCARE ADMINISTRATION
 HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No. _____ Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
9 hrs. Core Courses						
24 hrs. Concentration						
TOTAL Semester Hours Credit to be Counted Toward Degree					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) **FINAL GPA** _____

 Approved for MPS Executive Committee Date _____

 Dean of College Date _____

 Office of Graduate Studies Date _____

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

- NOTICE:**
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.

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**TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE STUDIES**

**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.

ADVISORY COMMITTEE:

_____ MPS Executive Committee Chairperson

STUDENT'S NAME: _____

Student T No: _____

Departmental Use Only:

CANDIDACY:

Major Subject : _____ Master of Professional Studies (MPS) _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____

GRE Test Scores: Verbal _____ Quantitative _____ Analytical Writing _____