



**PH.D. ENVIRONMENTAL SCIENCES
CHEMISTRY CONCENTRATION
PROPOSED PROGRAM OF STUDY**

T. No. _____

Name _____

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 Biology	EVSB 6010	3				
Environmental Science Seminar	EVS 7910	1				
18 Hours of Research and Dissertation						
Research and Dissertation	EVSC 7990	3				
Research and Dissertation	EVSC 7990	3				
Research and Dissertation	EVSC 7990	3				
Research and Dissertation	EVSC 7990	3				
Research and Dissertation	EVSC 7990	3				
Research and Dissertation	EVSC 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	* Enter courses in following order: 1. Background courses 2. Primary Area courses 3. Related Area courses
Other Requirements***:		**Enter name of university where courses were taken
List requirements and give basis for choice if other:		***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 _____	Director of Environmental Studies
_____	date _____	Member	_____	_____	_____
_____	date _____	Member	_____	_____	_____
_____	date _____	Member	_____	_____	Dean, Interdisciplinary Studies
_____	date _____	Member	_____	_____	_____
_____	date _____	Member	_____	_____	_____
_____	date _____	Member	_____	_____	_____
_____	date _____	Member	_____	_____	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