



**M.A., M.Ed. OR M.S. - GRADUATE  
PROPOSED PROGRAM OF**

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

**T #** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES CREDIT NOT COUNTED TOWARD DEGREE							
TRANSFER CREDIT							
COURSES TAKEN OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE				TTU			
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				TTU			
<b>Total Semester Hours Credit to be Counted Toward Degree</b>							
						<b>FINAL GPA</b>	
<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 including thesis:  
 7000 level \_\_\_\_\_ 6000 level \_\_\_\_\_ 5000 level \_\_\_\_\_

6 years expires end of \_\_\_\_\_ (term) \_\_\_\_\_ (year)

APPROVED ADVISORY COMMITTEE:

\_\_\_\_\_ Chairperson \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date

\_\_\_\_\_ Departmental Chairperson \_\_\_\_\_ Date  
 \_\_\_\_\_ Dean of College \_\_\_\_\_ Date  
 \_\_\_\_\_ College of Graduate Studies Designee \_\_\_\_\_ 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.

**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: \_\_\_\_\_