MASTER OF ARTS

PROPOSED PROGRAM OF STUDY
ENGLISH - Creative Writing

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						
	ENGL 6000	Introduction to Graduate Studies			3	
Amer. Lit. (6000 level)					3	
Brit. Lit. (6000 level)					3	
Pick three content courses *These courses may be repeated provided the content is different each time	ENGL 5430	Creative Writing: Fiction			3	
	ENGL 5440	Creative Writing: Essay			3	
	ENGL 5450	Creative Writing: Poetry			3	
	ENGL 6710	Poetry Workshop			3	
	ENGL 6720	Creative prose Workshop			3	
Pick two elective courses (one must be 6000 level)					3	
					3	
Thesis & Research	ENGL 6990	Research and Thesis			3	
	ENGL 6990	Research and Thesis			3	
*No more than 9 hours of 5000 level courses.		**TOTAL Semester Hours Credit to be Counted Toward Degree**			**30**	

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 ADVISORY COMMITTEE:

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**

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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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: _____