



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

T. No. \_\_\_\_\_

Name \_\_\_\_\_

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

COURSES*				TRANSFER CREDIT INFORMATION		Date Completed or To Be Completed
Title	Course Number	Credit	Grade	Background or Transfer From**	Equiv. TTU Course No.	
<b>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)</b>						
<b>Select 13 Hours</b>						
Environmental Biology	EVSB 6010	3				
Environmental Geology	EVSG 6010	3				
Environmental Social Policy	EVSS 6010	3				
Environmental Chemistry	EVSC 6010	3				
Environmental Science Seminar	EVS 7910	1				
<b>18 Hours of Research and Dissertation</b>						
Research and Dissertation	EVSA 7990	3				
Research and Dissertation	EVSA 7990	3				
Research and Dissertation	EVSA 7990	3				
Research and Dissertation	EVSA 7990	3				
Research and Dissertation	EVSA 7990	3				
Research and Dissertation	EVSA 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 _____	
_____	date _____	Member	Director of Environmental Studies	_____	
_____	date _____	Member	_____	date _____	
_____	date _____	Member	Dean, Interdisciplinary Studies	_____	
_____	date _____	Member	_____	date _____	
_____	date _____	Member	_____	date _____	
_____	date _____	Member	_____	date _____	
_____	date _____	Member	_____	date _____	

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