

ARKANSAS STATE UNIVERSITY
Proposed Program of Study for the Doctor of Philosophy Degree in Environmental Sciences
(Submitted before the end of the 2nd Semester)

Student Name: _____

Permanent Address: _____

Specialty Area (i.e. soil science, hydrology, political science, etc.) _____

The Research Advisor, and members of the Dissertation Committee hereby approve the proposed program of study.

Research Advisor (print)

Signature

Date

Student (print)

Signature

Date

Committee Member (print)

Signature

Date

Program Director (print)

Signature

Date

Dean, CSM (print)

Signature

Date

Dean, Graduate School (print)

Signature

Date

