

ARKANSAS STATE UNIVERSITY
Proposed Program of Study for the Master of Science Degree in Environmental Sciences
(Submitted before the end of the student's 2nd Semester)

Student Name: _____

Permanent Address: _____

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

TRACK ____ Thesis ____ Practicum

The Research Advisor, and members of the Thesis 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

