

**ARKANSAS STATE UNIVERSITY
GRADUATE PROGRAM IN ENVIRONMENTAL SCIENCES**

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

STUDENT'S NAME _____ STUDENT ID NO. _____

PERMANENT ADDRESS _____

SPECIALTY AREA _____

Four copies of the typewritten form will be submitted to the Graduate School. After the program of study is approved by the Graduate Dean, one copy will be filed in the student's folder in the Graduate School, one in the student's EVS Program file, and one copy each sent to the advisor and the student.

The Research Advisor, and members of the Dissertation Committee hereby approve the proposed program of study for _____ (student's name).

	<u>Print Name</u>	<u>Signatures</u>	<u>Date</u>
Research Advisor	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Student Name	_____	_____	_____
Program Director	_____	_____	_____
Graduate School Dean	_____	_____	_____

