PROGRAM OF STUDY REQUEST FORM

PDF FILLABLE FORM – Please complete electronically before submitting to your committee for signatures.

WASHINGTON STATE UNIVERSITY

ARE YOU CURRENTLY STAFF/FACULTY AT WSU? Select One

NAME: _____ WSU ID: _____

DEGREE: Select One PROGRAM: _____ THESIS/NON-THESIS: Select One

RESEARCH AREA/GENERAL TOPIC: _____

Some areas of inquiry require research review before you may use certain subjects or materials in your research. Please complete the following questions to help determine if your research may require institutional review:

- Does your research involve human subjects, including asking individuals to complete a survey? Select One
- Does your research involve animal subjects, biohazardous and/or radioactive materials, or recombinant DNA (rDNA)? Select One

If you answered "Yes" to either of these questions, your research may require institutional review. Please contact the Office of Research Assurances (www.ora.wsu.edu) for information. Evidence of institutional review, or an exemption statement, will be required when scheduling your final examination.

INSTRUCTIONS FOR COMPLETING THE PROGRAM OF STUDY REQUEST FORM:

Students must complete this document in accordance with Chapter 6.G (Program of Study) of the Graduate School Policies and Procedures and in consultation with their advisor/committee chair and their committee. Once the program is completed and signed, submit this form to your academic coordinator for graduate program review and subsequent forwarding to the Graduate School. This form is due to the Graduate School by the deadlines provided in the Deadlines and Procedures documents available on the Graduate School forms website.

Once approved, this program of study becomes the student's individual degree requirements, to the extent that it is completed correctly. The Graduate School reserves the right to require error corrections. Students may have one approved program of study for each graduate program. Any changes initiated by the student or graduate program, no matter how extensive, must be made using the Program Change Form and/or Committee Change Form available on the Graduate School forms website.

FACULTY ADVISORY COMMITTEE INSTRUCTIONS:

Proposed graduate committees must meet all Graduate School requirements as well as any requirements listed in the graduate program's bylaws and graduate program handbook. For details on committee requirements, refer to Chapter 1.D.2 (Graduate Program Participants), Chapter 7.B (Master's Advisory Committee), and Chapter 8.B (Doctoral Advisory Committee) of the Graduate School Policies and Procedures. **Any deviation from university committee requirements necessitates an Exception to Policy to officially document the exception.** The Vice Provost for Graduate and Professional Education reviews and makes final determinations on such exception to policy requests.

FACULTY ADVISORY COMMITTEE:

The signatures of the student, advisor, committee, and graduate program signature authority are required and signify that the below listed individuals have reviewed all pages of this program of study request and found it meets all Graduate School and program requirements and is acceptable for an advanced degree in the student's field. Additionally, the individuals designated as members of the advisory committee agree to serve in this capacity and perform all required functions of this appointment.

COMMITTEE CHAIR	GRADUATE PROGRAM	SIGNATURE AND DATE
COMMITTEE MEMBER (INDICATE IF SERVING AS CO-CHAIR)	GRADUATE PROGRAM	SIGNATURE AND DATE
COMMITTEE MEMBER	GRADUATE PROGRAM	SIGNATURE AND DATE
COMMITTEE MEMBER	GRADUATE PROGRAM	SIGNATURE AND DATE
COMMITTEE MEMBER	GRADUATE PROGRAM	SIGNATURE AND DATE
COMMITTEE MEMBER	GRADUATE PROGRAM	SIGNATURE AND DATE

DEPARTMENT CHAIR SIGNATURE AND DATE

STUDENT SIGNATURE AND DATE

MINOR DEPARTMENT CHAIR SIGNATURE AND DATE (If Applicable)

PROGRAM OF STUDY REQUEST FORM

Name: _____ WSU ID: _____
Degree: Select One Program: _____
Thesis/Non-Thesis: Select One WSU Staff/Faculty: Select One

COURSEWORK INSTRUCTIONS:

The student must supply accurate information regarding courses taken and courses proposed for this graduate degree. Students may only list specific courses – entries such as "PREFIX 5XX" are not acceptable. Details regarding degree requirements are available in Chapter 6 (General Requirements), Chapter 7 (Master's Degree Requirements), and Chapter 8 (Doctoral Degree Requirements) of the Graduate School Policies and Procedures, and within the graduate program handbook. **It is the student's responsibility to know and meet all program of study and degree requirements of the Graduate School, as well as the requirements of their specific degree program.**

COURSEWORK: Graded (A-F)

If transferring coursework from another institution, please submit the course syllabus along with this form.

Course Prefix And Number	Course Title	Credits	Grade	Sem/Year Taken (Chronological Order)	TRANSFER ONLY: Provide name of transfer institution

IF YOU NEED MORE ROOM FOR GRADED COURSEWORK, PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE.

Subtotal Credits of Graded Coursework: _____

COURSEWORK: Non-Graded (S/F)

List any S/F coursework in this space – please provide the specific course prefix, number, and the total number of credits for each course.

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Subtotal Credits of Non-Graded Coursework: _____

Research Credits (701 Capstone / 702 Non-Thesis / 700 Thesis / 800 Doctoral): _____ _____
COURSE PREFIX AND NUMBER TOTAL RESEARCH CREDITS

Total Credit Hours: _____

GRADUATE SCHOOL USE ONLY:

_____ _____ _____
COMPLETION DEADLINE PROGRAM APPROVAL DATE VICE PROVOST FOR GRADUATE AND PROFESSIONAL EDUCATION – SIGNATURE