

Name: _____ K-State eID: _____ Student Number (WID): _____ Degree Program: _____ College: <input type="checkbox"/> AG <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> ED <input type="checkbox"/> EN <input type="checkbox"/> HE <input type="checkbox"/> TC <input type="checkbox"/> VM	Master's Thesis <input type="checkbox"/> Master's Report <input type="checkbox"/> Non Thesis/Report <input type="checkbox"/>
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Course Number <small>Example: AGRON101</small>	Course Title <small>Example: Basic Introduction</small>	Credit Hours <small>Example: 3</small>	Semester Taken <small>Example: S05</small>
Review instructions on page 2 prior to completing.			

Total KSU credits _____

Transfer Credit(s) - Indicate where/when transfer courses and/or degree work was/will be completed. Official transcript required.

TRANSFER WORK				

Total transfer credits _____

Supervisory Committee

The signatures below signify agreement between the student and the Supervisory Committee for composition of the program of study, approval by the graduate program, and approval by the Dean of the Graduate School.

Names & Depts (printed)

Signatures

Student	Dept.	Student
Major Professor	Dept.	Major Professor
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Dept Head / Graduate Program Director	Dept.	Dept Head / Graduate Program Director

Dean of the Graduate School (Signature):

Dean of the Graduate School

Date

Typed copies of the program signed by the student, major professor, committee members, and the department head or group chairperson are forwarded to the *Dean of the Graduate School, 103 Fairchild Hall*. (Department head or graduate program director signs twice if also a committee member.)

RESEARCH APPROVAL

Review and approval by a federally mandated Compliance Committee is required for all research activities that involve the use of subjects or materials as listed below. Please indicate if your research involves any of these and the Compliance Committee's approval number. If you have not yet received approval, you must do so before beginning any research activities. The Compliance Office is located in *Room 203 Fairchild Hall*. Information is available at <http://www.k-state.edu/research/comply/>.

Does your program involve:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Human Subjects. (Institutional Review Board) IRB# _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Radioactive Materials. (Radiation Safety Committee) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Live vertebrates. (Institutional Animal Care and Use Committee) IACUC# _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Biohazards including recombinant DNA and infectious Agents
(Institutional Biosafety Committee) IBC# _____ |

INSTRUCTIONS

A full-time student must file a program before the end of the second semester of graduate study, and part-time students must do so upon completion of 9 credit hours. **If courses have already been taken, department codes, course numbers, course names, credits earned, and the semesters taken should be listed on the program of study as they appear on the transcript(s). Master's research hours should be listed on one line with the total sum of credits.** Do not include course work earned more than six years prior to the semester this program is submitted.

SUBMISSION

Form to be submitted to the *Dean of the Graduate School, 103 Fairchild Hall*.

**The
Graduate
School**

**Kansas State
University**