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|  | **Initial** | ***Submit 1st semester of Enrollment*** | Health Physics - Idaho State UniversityProgram of Study  | Form: M.S.-1Revised 10-2013 |
|  | **Final** | ***Submit semester prior to graduation*** |
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| Student’s Name: |  | Bengal ID: |  |
| Mailing Address: |  | Home Phone: |  |
| Email Address: |  | Cell/Other Phone: |  |
|  |
| Degree Sought: | **(Underline or circle)** | M.S. | Ph.D. |  |  | Thesis Option |  | Non-Thesis Option |  |
| Major Advisor: |  |
| Departmental Committee Members: |  |
|  |  |
| **ALL transfer courses MUST be converted to semester credits and must be from a graduate degree granting school.** |
| List below the courses that you wish to apply toward your degree. **Please remember that all graduate courses, whether they are listed on this program of study or not, will count toward grade point average and are listed on your transcript.** |
| **Dept/College** | **Course #** | **Course Title** | **Credits** | **Semester/Year** | **Institution** |
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| **500 Level Credits:** | **600 Level Credits:** |  | **Total Credits**  |
| **Deficiencies** *(the following courses will not count towards the degree or the total number of credits)*: |  |
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|  |
| **Comments and/or Conditions** *(use additional sheets if necessary)*:  |  |
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|  |  |  |  |  |
| **Student’s Signature** | Date |  | **Major Advisor** | Date |
|  |  |  |  |  |
| **Department Chair** | Date |  | **Dean, Graduate School** | Date |
| Send Original to Graduate School, M.S. 8075**Cc:** **1)** Student **2)** Student’s file **3)** Major Advisor **4)** Department Chair |  |

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|  | Health Physics - Idaho State UniversityProgram of Study  | Form: M.S.-2Revised 10-2013 |
| Student’s Name: |  | Bengal ID: |  |
| Mailing Address: |  | Home Phone: |  |
| Email Address: |  | Cell/Other Phone: |  |
| **Attending:** | Full Time |  | Part Time |  | Classified |  | Classified w/ Performance Requirements |  |  |
|  |
| Degree Sought: | **(Underline or circle)** | M.S. | Ph.D. |  |  | Thesis Option |  | Non-Thesis Option |  |
| **Thesis / Special Project Title:** |  |
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|  |
| On |  | , the following Thesis/Special Project committee has been formed to advise the student of his/her |
|  | **Date** |  |
|  Thesis/Special Project Work. |
| **Thesis/ Special Project Committee:** |
| **Typed Name** |  | **Department/School** |  | **Signature** |  | **Date** |
|  | (Chair) |  |  |  |  |  |  |
|  | (Member) |  |  |  |  |  |  |
|  | (GFR) |  |  |  |  |  |  |
| Graduate Faculty Representative |  |  |  |  |  |  |
| **Comments and/or Conditions (use additional sheets if necessary):** |  |
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| Approved: |
|  |  |  |  |  |
| **Department Chair** | Date |  |  |  |
| **Instructions:** The Thesis/Special Project Committee will spell out clearly at the beginning, the goals, objectives, expectations, etc. of the thesis/project. The Committee will monitor the progress of the student’s. |
| **Periodic Review by:** |
|  |  |  |  |  |
|  | Date |  |  | Date |
|  |  |  |  |  |
|  | Date |  |  | Date |
| **Original to Student’s file** **Cc:** **1)** Student **2)** ***Copies****: Members of the Thesis/Special Project Committee* |  |