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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: | | | | |  | | |
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| Degree Sought: | | | **(Underline or circle)** | M.S. | Ph.D. | |  | |  | | | Thesis Option | | | | | |  | Non-Thesis Option | | | |  |
| Major Advisor: | | | | |  | | | | | | | | | | | | | | | | | | |
| Departmental Committee Members: | | | | |  | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | |  | |  |
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| 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) | |  | |  | | | | | | | | | | | |  |  | | | | | |  | |  | | |
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| Graduate Faculty Representative | | | | | | | | | | | |  | |  | | | | | | | | | | | |  |  | | | | | |  | |  | | |
| **Comments and/or Conditions (use additional sheets if necessary):** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Approved: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | Date | | | | | |  |  | | | | | | | | | | | Date | | | | | |
| **Original to Student’s file**  **Cc:** **1)** Student **2)** ***Copies****: Members of the Thesis/Special Project Committee* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |