

Appendix A2 Program Administration

Student: _____ **Semester Entered:** _____

Degree: Ph.D. M.S. M.P.S. **Area of Study:** _____

Address: _____

Phone: _____ **Email:** _____

Deficiencies: _____ **Semester Remedied:** _____

Administrative Requirements Completed:

3B Form Yes **Date:** _____

Dissertation/Internship Proposal: Yes **Date:** _____

Title: _____

Steering Committee:

1) _____ Phone _____
 2) _____ Phone _____
 3) _____ Phone _____
 4) _____ Phone _____

Examiners (M.S., Ph.D. only):

1) _____ Phone _____
 2) _____ Phone _____
 3) _____ Phone _____
 4) _____ Phone _____

Defense/Exam Chair (M.S., Ph.D. only):

_____ Phone _____

Capstone Seminar: Yes **Date:** _____ **Time and Location:** _____

TA/RAs Held:

Semester	_____	Course/Project	_____	Supervisor	_____
Semester	_____	Course/Project	_____	Supervisor	_____
Semester	_____	Course/Project	_____	Supervisor	_____
Semester	_____	Course/Project	_____	Supervisor	_____
Semester	_____	Course/Project	_____	Supervisor	_____
Semester	_____	Course/Project	_____	Supervisor	_____