

**REPORT OF THE ADVISORY COMMITTEE: MA PROGRAM**

See the catalog (Academic Programs) regarding composition of advisory committee and deadlines for its formation and for filing this report listing all degree requirements.

Name \_\_\_\_\_ Student No. \_\_\_\_\_  
Last First Middle

First Semester in Masters Program \_\_\_\_\_ Dept. \_\_\_\_\_ Major \_\_\_\_\_  
Semester Year

Bachelor of \_\_\_\_\_  
Institution Year Major

Tentative Thesis Subject \_\_\_\_\_

Director \_\_\_\_\_

Will the student's research involve the use of: human subjects or human materials? <input type="checkbox"/> Yes <input type="checkbox"/> No warm-blooded animals? <input type="checkbox"/> Yes <input type="checkbox"/> No or hazardous substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	I understand it is necessary to obtain institutional review and approval prior to initiating any research involving the use of human or animal subjects or hazardous materials. _____ (STUDENT'S SIGNATURE) <span style="float: right;">Mo/Day/Yr</span>
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**MA PROGRAM**

PLEASE PRINT OR TYPE AND CLUSTER BY FIELD

Dept.	Course No.	Semester	Title	No. CR	Dept.	Course No.	Semester	Title	No. CR

**Approved:**  
 (Please TYPE advisory committee members' names BELOW signatures)

1. \_\_\_\_\_, Chairperson Mo/Day/Yr
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_

## Course Credits

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Comprehensive examination areas:

The candidate expects to pass the Comprehensive Examination by  
\_\_\_\_\_ Semester, \_\_\_\_\_(Year).

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\_\_\_\_\_, Student Mo/Day/Yr

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\_\_\_\_\_, Department Chairperson Mo/Day/Yr

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\_\_\_\_\_, College Dean Mo/Day/Yr