REPORT OF THE GUIDANCE COMMITTEE – DOCTORAL AND OTHER PROGRAMS

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

Name ___________________________ Student No. ___________________________

First Semester in Doctoral Program

Bachelor of ___________________________ Institution ___________________________

Semester ___________________________ Year ___________________________

Master of ___________________________ Institution ___________________________

Semester ___________________________ Year ___________________________

Tentative Dissertation Subject ___________________________

Director ___________________________ Languages or Course Substitutes ___________________________

Will the student’s research involve the use of:

- human subjects or human materials? □ Yes □ No
- warm-blooded animals? □ Yes □ No
- or hazardous substances? □ Yes □ 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.

(SUBJECT’S SIGNATURE) ___________________________

Mo/Day/Yr ___________________________

DOCTORAL PROGRAM

PLEASE PRINT OR TYPE AND CLUSTER BY FIELD

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Semester</th>
<th>Title</th>
<th>No. CR</th>
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Approved:
(Please TYPE guidance committee members’ names BELOW signatures)

1. ___________________________ , Chairperson ___________________________
   Mo/Day/Yr ___________________________

2. ___________________________

3. ___________________________

4. ___________________________

5. ___________________________

6. ___________________________

Course Credits (in addition to at least 24 credits of 999) ______

Comprehensive examination areas:

The candidate expects to pass the Comprehensive Examination by

_____ Semester, _____ (Year).

, Student ___________________________
   Mo/Day/Yr ___________________________

, Department Chairperson ___________________________
   Mo/Day/Yr ___________________________

, College Dean ___________________________
   Mo/Day/Yr ___________________________