TEXAS TECH UNIVERSITY-THE GRADUATE SCHOOL

PROGRAM FOR THE MASTERS DEGREE

			Dat	te
Full legal name		Student R#:		
Current mailing address (includ	de zip code)			
Degree sought:	Major:		Minor (if declared):
Concentration:		E>	spected Graduation Date	2:
Previous Degree(s)	Institution(s)		У	Year(s) Awarded
Thesis advisory committee cha	air:		Other members :	
Thesis title (if known at this tin	ne, otherwise list area of di	,		
Indicate proposed enrollment p	· · · · · · · · · · · · · · · · · · ·			
-		Tool or	Transfer	
<u>Major</u> 45-hr min. <u>60 or more hours if no minor)</u>		Language (if required)	Course#*	TTU equiv.#*
45-hr min.		Language	Course#*	
45-hr min.	e entered on the TTU transcrip to MGT 5371 at TTU. Please e than 30 hours of an earned m	Language (if required) ot, courses must be given e indicate when course w	Course#* Institution	er. For example, MGM ovide an official transcrip

Remarks or Conditions of Approval:_

Approval of this form by the Dean of the Graduate School merely indicates that the proposed program is acceptable; it carries no assurance of the applicant's attainment of a degree. Changes to this program may be made only with the approval of the department concerned and the Graduate School, using the form available in the Graduate School. Conditions for approval for admission to candidacy must be met before the proposed semester of graduation. **Revised 3/8/10**.