KANSAS STATE UNIVERSITY | Graduate School

TEMPORARY - PROGRAM OF STUDY: DOCTORAL

This form is to be used on a temporary basis while Softdocs Etrieve software is unavailable.

Submission instructions: Complete this fillable form electronically. Signatures must be provided (on the second page) by the student's major professor and department head/graduate program director. Submit the completed form to the Graduate School at grad@ksu.edu, using the subject line, "Doctoral Program of Study".

Name: _____

K-State email: _____

Student WID: _____

Program: _____

College: ☐ AG ☐ AI ☐ AR ☐ AS ☐ BA ☐ ED ☐ EN ☐ HE ☐ TC ☐ VM

Doctor of Education ☐

Doctor of Philosophy ☐

In the section below, list all KSU courses, research credits and semester taken. For future courses, list future semester to be completed. You may list a single entry for research, internship, or practicum credits taken over multiple semesters with the total hours required. If courses have already been taken, department codes, course numbers, course names, credits earned, and semesters taken should be listed as they appear on your transcript. Do not include course work earned more than six years prior to the semester this program of study is submitted.

Course Number Example: AGRON101	Course Title Example: Basic Introduction	Credit Hours Example: 3	Semester Taken Example: S05

Total KSU credits _____

Transfer Credit(s) - Indicate where/when transfer courses and/or degree work was/will be completed. You must provide course number, course title, credit hours and semester taken as listed on the transfer university transcript and name of the university. If transferring credit from an awarded degree, list the course number as degree type, course title as degree awarded (ex. master of science) and for the semester taken, as date degree was awarded. Official transcript required.

Course Number Example: AGRON101	Course Title Example: Basic Introduction	Credit Hours Example: 3	Semester Taken Example: S05

Total transfer credits _____

Supervisory Committee

Enter your name and name of major professor or co-major professor, supervisory committee members, graduate program director/department head.

Signatures are required from the student's major professor (co-major if applicable) and department head/graduate program director.

- **NOTE: Signatures are not required from supervisory committee members only on a temporary basis while while Softdocs Etrieve software is unavailable.**

If possible, electronic signatures are preferred. Alternatively, the completed form may be printed, signed by hand, scanned, and emailed to the Graduate School (grad@ksu.edu). If applicable, please copy your graduate program contact when emailing the program of study.

Names & Depts (printed)   *Signatures*

Student	Dept.

Major Professor	Dept.

Major Professor

Co-Major Professor	Dept.

Co-Major Professor

Supervisory Committee Member	Dept.

Supervisory Committee Member	Dept.

Supervisory Committee Member	Dept.

Supervisory Committee Member	Dept.

Dept Head / Graduate Program Director	Dept.

Dept Head / Graduate Program Director

Form submission instructions

Submit the completed form to the Graduate School at grad@ksu.edu, using the subject line, "Doctoral Program of Study".

Graduate School Use only:

Dean of the Graduate School (Signature): _____

Dean of the Graduate School   Date