## **TEMPORARY - PROGRAM OF STUDY**



Name:

Program:

K-State email: Student WID:

## MASTER'S / EDUCATION SPECIALIST

Master's Thesis

Master's Report 
Coursework

Education Specialist

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

College: AG AI AR AS BA ED EN

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, "Masters Program of Study" or "Education Specialist Program of Study".

	KSU courses, research credits (if applicable) and semester You may list a single entry for research (if applicable), interest total hours required. If courses have already been taken, d	nship, or practicu epartment codes	um credits taken s, course numbe
	ned, and semesters taken should be listed as they appear or than six years prior to the semester this program of study is		Do not include
Course Number	Course Title	Credit Hours	Semester Take
Example: AGRON101	Example: Basic Introduction	Example: 3	Example: S05
		 Total I	KSU credits
	te where/when transfer courses and/or degree work was/wil	Il be completed.	
se number, course title ersity. If transferring c	e, credit hours and semester taken as listed on the transfer under the following and semester taken as listed on the transfer under the following and the semester taken, as date degree was awarded and for the semester taken, as date degree was awarded.	university transcr gree type, course	ript and name of t e title as degree
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## **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: On only a temporary basis while Softdocs Etrieve software is unavailable, signatures are not required from supervisory committee members.

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)		<u>Signatures</u>	
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	
nit the completed form to the Graduate S cation Specialist Program of Study".	Form submission inst		gram of Stud
Graduate School Use only:			
Dean of the Graduate	e School (Signature):		
		Dean of the Graduate School	Date