SCHOOL OF MATERIALS SCIENCE & ENGINEERING
PROPOSED PROGRAM OF STUDY FOR THE PH.D. DEGREE
GEORGIA INSTITUTE OF TECHNOLOGY

Original _____ Revised_____

A proposed program of study must be submitted to the School office no later than the end of the second month of Ph.D. study. Please print in ink or type.

NAME: _____ STUDENT #: _____
(first) (middle) (last)

LIST BELOW: Course numbers, course description, credit hours, semester in which class will be scheduled.

Course #	Description	Hours	Sem

Minor: _____

Course #	Description	Hours	Sem

Tentative Thesis Topic: _____

Date M.S. Degree Completed: _____ *(if none, enter No M.S.)*

Signed: _____ _____
Student *Date*

Approved: _____ _____
Thesis Advisor *Date*

Approved: _____ _____
Director of Graduate Programs *Date*