



Program of Study

Name _____

KSU ID _____

Email _____

Phone Number _____

Program _____

List of courses and credit hours required for the degree **OR** DegreeWorks printout or other program document can be attached. Include Course Designation and Number (ACCT8100), Title, and Credit Hours.

Semester 1	Semester 2	Semester 3
Semester 4	Semester 5	Semester 6
Semester 7	Semester 8	Semester 9

Number of Course hours _____ Number of Dissertation hours _____ Total Hours _____

Signatures

Thesis/Dissertation Chair/Major Professor

Date

Program Director

Date

Department Chair

Date

Graduate Dean

Date