



**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