

Request for Graduate Transfer Credit

Name Text					K20 ID#	TEXT
Email Text					Phone	Text
Graduate Program	Select				· `	
Institution	Non-KSU Course	Title	Term Taken	Grade	KSU Course	KSU Course Title
Text	Text	Text	Text	Text	Text	Text
Text	Text	Text	Text	Text	Text	Text
Text	Text	Text	Text	Text	Text	Text
Text	Text	Text	Text	Text	Text	Text
Text	Text	Text	Text	Text	Text	Text
Text	Text	Text	Text	Text	Text	Text
Graduate Program	Director	Approve		Disapp	rove	
Signature Sign					Date	ext
Department Chair	_	Approve		Disapp	rove	
Signature					Date	ext
Graduate College		Approve		Disapp	rove	
Signature Sign					Date	ext





PhD Program of Study

Name Text		KSU ID	Text
Email Text			umber Text
Program Select	Ψ	Advisor	Full Name
List of courses and credit hours required for Include Course Designation and Number (AC	CCT8100), Title, and Credit Hours.	out or oth	
Semester 1	Semester 2		Semester 3
Semester 4	Semester 5		Semester 6
Text	Text		Text
Semester 7	Semester 8		Semester 9
Number of Course hours Text	Number of Dissertation hou	Text	Total Hours Text
	Number of bissertation not	113	Total Hours
Signatures: Student Signature		Date Da	ate Signed
Major Professor			ate Signed
Program Directo Sign		Date Da	ate Signed
Department Chai		Date Da	te Signed
Graduate Approva		Date Da	te Signed
BCOE Approval		Da	te Signed Updated 8.20



Request for Approval of Dissertation Committee

Name Text				KSU ID Numb	Text		
Email_Text			Program				
Committee Memb	er 1 - Chair						
Sign				Data Sig	Date Signed		
<u>+</u>	Dissertati	on Committee C	hair Signature		Date		
					Sign		
Full Name	Print Name		Sele	_	<u> </u>	Dept. Chair Signature	
Committee Memb			Prog	ram	member	Dept. Chair Signature	
Sign	7C1 Z						
<u> </u>					Date Sig		
	Dissertatio	n Committee Me	ember Signature			Date	
Full Name			Sele	ct •	Sign -		
	Print Name		Prog	ram	Member's	Dept. Chair Signature	
Committee Memb	per 3						
Sign 🔟					Date Sig	ned	
	Dissertatio	n Committee Me	ember Signature			Date	
Full Name			Sele	ct •	Sign		
	Print Name		Program		Member's	Dept. Chair Signature	
Committee Memb	oer 4						
	Dissertatio	n Committee Me	ember Signature			Date	
	Dissertatio	T COMMITTEE IN	emoci signature			Date	
	Print Name		Prog	F2.03	Mombor's	Dept. Chair Signature	
Committee Memb			Prog	ram	Wembers	bept. Chair Signature	
committee welling	JC. 3						
	D1						
	Dissertatio	n Committee Me	ember Signature			Date	
	Print Name		Prog	ram	Member's	Dept. Chair Signature	
Signatures Candidate's Prog	ram Direct	or Sign				Date	
candidate's Prog	gram Directi	or sign				Date Signed	
Candidate's Dep	t Chair (app		ee) Sign			Date	
			<u> </u>			Date Signed	
Graduate College	e Approval	Sign				Date	
		<u>+</u>				Date Signed	
BCOE Approval	Sign 🕹		Date S	igned		0-1-10010	
DCOL Approval	4					Revised 8/24/20	



Request for Approval of Dissertation Committee

Name_Text			KSU ID Numbe	Text	
Email			Program Selec		
Committee Member 1 Chair					
Committee Member 1 - Chair					
<u>4</u>				Date Sig	ned
Dissertation (Committee Cha	ir Signature			Date
Full Name		Selec	t •	Sign 4	
Print Name		Progr	ram	Member's	Dept. Chair Signature
Committee Member 2		_			
Sign					ned
Dissertation Co	mmittee Mem	ber Signature			Date
Full Name		Selec	t •	Sign	
Print Name		Progr	ram	Member's	Dept. Chair Signature
Committee Member 3					
Sign				Date Sig	ned
Dissertation Co	mmittee Mem	her Signature			Date
Full Name		Select •		Sign	
Print Name		Program			Dept. Chair Signature
Committee Member 4		1108.			Dept. c.ian signature
Sign				Danie die	
<u>+</u>				Date Sig	ned
Dissertation Co	mmittee Mem	ber Signature		Class	Date
Full Name		Selec	t •	Sign	
Print Name		Progr	ram	Member's	Dept. Chair Signature
Committee Member 5					
Dissertation Co	mmittee Mem	ber Signature			Date
Dissertation co		and organical co			2010
Print Name		Progr	ram	Member's	Dept. Chair Signature
-					
Signatures					
Candidate's Program Director	Sign				Date Date Signed
Candidate's Dept Chair (approvi	ng committee)	Sign 🗸			Date
Canduata Callega Annuaria	ilgn				Date Signed
Graduate College Approval	4				Date Date Signed
Sign					1
BCOE Approval		Date Si	gne d		Revised 8/24/20



Request for Approval of Dissertation Committee

Name_ ^{Text}			KSU ID Numb	erText	
Email_Text	ct			ct	
Committee Member 1 - Chair					
Sign 🛨				Date Sig	ned
Dissertation	n Committee Ch	nair Signature			Date
Full Name		Sele	ct •	Sign	
Print Name		Prog	gram	Member's	Dept. Chair Signature
Committee Member 2					
Sign				Date Sig	ned
Dissertation	Committee Mer	mber Signature			Date
Full Name		Sele	ct •	Sign -	
Print Name		Prog	gram	Member's	Dept. Chair Signature
Committee Member 3					
Sign 🗸				Date Sig	ned
Dissertation	Committee Mer	mber Signature			Date
Full Name	ull Name		ct •	Sign 🔟	
Print Name		Prog	gram	Member's	Dept. Chair Signature
Committee Member 4					
Sign				Date Sig	
Dissertation	Committee Mer	mber Signature		Plan	Date
Full Name		Select ⋅		Sign <u>↓</u>	
Print Name		Prog	gram	- Wember's	Dept. Chair Signature
Committee Member 5					
<u> </u>				Date Sig	
Dissertation	Committee Mer	mber Signature			Date
Full Name		Sele	ct •	Sign	
Print Name		Prog	gram	Member's	Dept. Chair Signature
Signatures					
Candidate's Program Directo	Sign				Date
	<u> </u>				Date Signed
Candidate's Dept Chair (appr	oving committee	e) Sign			Date Date Signed
Graduate College Approval	Sign 🕹				Date Date Signed
					June Signed
BCOE Approval		Date S	igned		Revised 8/24/20



Request for Change in Dissertation Committee Membership

Any requests for change in committee membership should be made only after the candidate meets with the *Department Chair* to determine and assess the reasons for the proposed committee change. The candidate will be responsible for notifying the previous member(s) of the change. This form represents a formal request for a change in Dissertation Committee Membership.

Text		Text	
Candidate's Name		KSU ID Number	
CURRENT COMM	ITTEE MEMBERS	PROPOSED COM	MITTEE MEMBERS
Text		Text	
Dissertation Chair		Dissertation Chair	
Text		Text	
Committee Member 2		Committee Member 2	
Text		Text	
Committee Member 3		Committee Member 3	
Text		Text	
Committee Member 4		Committee Member 4	
Text		Text	
Committee Member 5		Committee Member 5	
A brief description of the rea	son(s) for the proposed char	nge(s) to your Dissertation Comr	mittee:
Text			
Sign		Date Signed	
Gandidate's Signature		Date	
Approve	F1-1-	Date	
Disapprove	Sign	Full Name	Date Signed
	Dissertation Chair	Print Name	Date
Approve Disapprove	Sign	Full Name	Date Signed
Disapprove	Program Director	Print Name	Date
Approve	Sign		
Disapprove	<u>↓</u>	Full Name	Date Signed
Approve	Department Chair	Print Name	Date
Disapprove	Sign	Full Name	Date Signed
	BCOE Approval	Print Name	Date







Doctoral Comprehensive Exam Request

Submit this completed form, along with a hard copy of a current advising guide and an approved Program of Study, to your Dissertation Chair, at least, four weeks prior to the exam. Please keep a copy for your records. All students taking the Doctoral Comprehensive Exams must complete this form to be properly registered for the exam.

Text	Tex	t				
Candidate's Name	KSU	ID Number				
Select	Tex	t				
Degree Program	Sen	nester & Year Expected to Complete Ed.D.				
Text	Tex	t				
Email	Pho	ne				
Text						
Permanent Address						
Attach a copy of your signed Progr waivers with this form.	ram of Study that includ	es copies of any course substitutions, transfers, and				
· ·	Make certain that any courses transferred into KSU have been recorded on your advising guide. If transferred credits are not recorded on your advising guide, please notify your Program Director.					
Make certain that any Incomplete "I" grades have been completed and that a Change of Grade has been recorded by the professor(s).						
Please indicate when you plan to take the Doctoral Comprehensive Exam:						
 Please indicate when you plan to t 	ake the Doctoral Compr	ehensive Exam: Text				
Please indicate when you plan to t	take the Doctoral Compr	ehensive Exam: Text Semester & Year				
Please indicate when you plan to t	take the Doctoral Compr	energive exam.				
Slign	take the Doctoral Compr	energive exam.				
Sign 4		Semester & Year				
Sign Candidate s Signature Sign	Full Name	Semester & Year Date Signed				
Sign Canadidate's Signature Sign Dissertation Chair's Signature	Full Name	Semester & Year Date Signed Date				
Sign Cartificate s Signature Sign Unissertation Chair's Signature Property of the Control of	Full Name Print Name Full Name	Semester & Year Date Signed Date Date Signed				
Sign Canting at a Signature Sign Dissertation Chair's Signature Program Director's Signature	Full Name Print Name Full Name Print Name	Semester & Year Date Signed Date Date Signed Date				
Sign Candidate's Signature Sign Dissectation Chair's Signature Program Director's Signature	Full Name Print Name Full Name Print Name Full Name	Semester & Year Date Signed Date Date Signed Date Date Signed				
Sign Candidate's Signature Sign Dissectation Chair's Signature Program Director's Signature Sign Program Director's Signature Program Director's Signature	Full Name Print Name Print Name Print Name Print Name	Date Signed Date Date Signed Date Date Date Date Date				
Sign Candidate s Signature Sign Dissertation Chair's Signature Program Director's Signature Sign Department Chair's Signature Program Director's Signature	Full Name Print Name Print Name Print Name Print Name Full Name Print Name	Semester & Year Date Signed Date Date Signed Date Date Signed Date Date Signed				



Doctoral Comprehensive Examination Approval Ballot

Text		Text		
Candidate's Name		KSU ID Number		
Text		Text		
Email		Phone		
Select	*			
Program				
Doctoral Comprel	hensive Exam was tal	ren on:		
			Date	
P	Passed 🔼	Not Passed		•
Sign	Full Name		Date Signed	
Candidate s Signature	Print Name		Date	
Sign	Full Name		Date Signed	
Dissertation Chair's Signature	Print Name		Date	
Sign	Full Name		Date Signed	
	Print Name		Date	
Sign	Full Name		Date Signed	
Sign				
T	Full Name		Date Signed	
Department Chair's Signature	Full Name		Date Signed	



Dissertation Proposal Approval

Name Text	KSU ID Text
Email Text	Phone Number Text
Program	Advisor Full Name
Title: Text	
The student has completed the oral defense of the proposal on The committee has decided:	Text
The proposal is accepted The proposal is accepted with the following qualifications:	
Text	
I understand that it is my responsibility to ensure that all research com have been put in place before I begin collecting data. I acknowledge the conducting my data collection will negate the use of that data for my d	hat failure to secure this permission prior to
Candidate Signature	Date [Date Signed]
Signatures	
Dissertation Chair	Date_Date Signed
Program Director	Date_Date Signed
Department Chair	DateDate Signed
Graduate College Approval	DateDate Signed
BCOE Approval	Date Signed



Application for Admission to Candidacy

Name Text	KSU ID Text						
Email Text	Phone Number Text						
Program Select T	Program						
Certification and Recommendation of the Department: Please check all appropriate items							
We have examined the graduate record of the student named above a	nd find:						
An average of 3.0 (B) has been maintained on all graduate courses completed and that no courses with a grade below a C will be accepted as part of the Program of Study.							
Written and/or oral comprehensive examinations have been p	Written and/or oral comprehensive examinations have been passed on Text						
A thesis/dissertation proposal has been approved and is on file	A thesis/dissertation proposal has been approved and is on file in the Graduate College.						
A thesis/dissertation proposal is not required for this program.							
We recommend that this student be admitted to candidacy for the	e degree indicated.						
Degree Program: Select	•						
Signatures							
Sign 🗸	Date Signed						
Chair/Major Professor	Date						
<u> </u>	Date Signed						
Sign							
Department Chair	Date Signed Date						
Sign	Sign						
Graduate College Approval	Date Signed Date						
Sign BCOE Approval	Date Signed						



Agreement to Schedule a Final Defense

The entire Dissertation Committee has agreed to a final defense.

Text			Text		
Candidate's Name			KSU ID Number		
Text			Text		
Day			Date		
Геxt			Text		
Time			Location		
Title of Dissertation	Text				
	For doctoral cand	idates to graduate, the	ry must adhere to the	following timeline.	
Semester of Graduation	Petition Deadline	Final Dissertation Draft to Committee	Successful Dissertation Defense	Final Copy of Dissertation with Edits to Committee	Final PDF Copy Submitted to Digital Commons
Fall	See KSU's Registrar's Deadline	October 1	November 1	December 1	December 8
Spring	See KSU's Registrar's Deadline	March 1	April 1	May 1	May 8
Summer	See KSU's Registrar's Deadline	May 1	June 1	July 1	July 8
Sign Landidate s Signat	ure	Full Name Print Name		Date Signed	
Dissertation Chair'	s Signature	Full Name Print Name		Date Signed Date	
Program Director's	Signature	Full Name Print Name		Date Signed Date	
Sign	s Signature	Full Name		Date Signed	
Sign	3 3.g.101010	Full Name		Date Signed	
BCOE Approval		Print Name		Date	



Dissertation Defense Outcome

Name Text KSU IC	Text
Email Text Phone	Number
Program Select v	
Title Text	
Dissertation Defense: Date Text	
Passed Failed Passed With Revisions (attach revis	ions) I I
Passed With Nevisions (attach revis	ions)
Signatures	
Sign	
<u> </u>	Date Signed
Sign Chair	Date
Emmittee Member	Date Signed Date
Sign	Date Signed
Committee Member	Date
Committee Member	Date
Committee Member Sign	Date
<u> </u>	Date Signed
Program Director Sign	Date
Department Chair	Date Signed Date
Sign	Date Signed
Graduate College Approval	Date
Sign	Date Signed
<u> </u>	Updated 8/24/20
BCOE Approval	



Dissertation Defense Outcome

Name Text	KSU ID Text
Email Text	Phone Number Text
Program Select v	
Title	
Text	
Dissertation Defense: Date Text	
	1 1
Passed Failed Passed With Revisions (attac	th revisions)
Signatures	
Sign	Date Signed
Dissertation C hair	Date
Sign	Date Signed
ommittee Member	Date
Sign	Date Signed
Committee (fember Sign	Date
<u>*</u>	Date Signed
Committee Member	Date
Committee Member Sign	Date
	Date Signed
Program Director	Date
<u>*</u>	Date Signed
Department Chair Sign	Date
Graduate College Approval	Date Signed Date
Sign	Date Signed Updated 8/24/20
BCOE Approval	



Dissertation Defense Outcome

Name Text	KSU ID Text
Email Text	Phone Number Text
Program Select v	
Title	
Text	
Dissertation Defense: Date Text	
Passed Failed Passed With Revisions (attac	h revisions)
	h revisions)
Signatures	
Sign	Date Signed
Dissertation Chair	Date
Sign	Date Signed
Committee Member	Date
Sign	Date Signed
Communication Member	Date
<u> </u>	Date Signed
Communes Member	Date
<u>\(\frac{1}{4}\)</u>	Date Signed
Communities Member	Date
<u>¥</u>	Date Signed
Program Director Sign	Date
<u> </u>	Date Signed
Department Chair Sign	Date
\perp	Date Signed
Graduate College Approval	Date
Sign 👢	Date Signed Updated 8/24/20
BCOE Approval	-,



Petition for a Wavier for Continuous Enrollment

Per The Graduate College Continuous Enrollment policy, if a student has completed all degree requirements and will no longer require any of the campus resources or faculty time, the student may request an enrollment waiver.

Student Name: Text
KSU ID#: Text KSU Email: Text
Degree Program: Select
Expected Conferral Semester: Text
Justification for waiver: Text
Approval:
Dissertation Chair Name: Full Name
Signature: Date Signed
Program Coordinator Name: Full Name
Signature: Date Signed
College Dean Approval (Name): Full Name
Signature: Date Signed
Graduate College Approval: Full Name
Signature: Date Signed
BCOE Approval: Full Name
Signature: Date Signed