

University of Alaska Fairbanks

PROPOSED INTERDISCIPLINARY PH.D. DEGREE  
GRADUATE STUDY PLAN (GSP) APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SID# (student ID#) \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_

Degree Sought: Ph.D. Proposed Degree Title: \_\_\_\_\_  
(Example: Soil Chemistry, Acoustics Fisheries)

**LIST THE PROPOSED COMMITTEE MEMBERS:**

<b>Committee Membership Signatures</b> (by signing you agree to serve on the committee)	<b>Please Print Name</b> <b>Department</b>	
Advisor:		
*		

\* Committee member from Ph.D. granting department.

**I. CREDITS TO BE INCLUDED IN DEGREE PROGRAM**

UNIVERSITY OF ALASKA credits (coursework, research, and thesis)

**600-level** (including thesis, project, and research credits):

<u>Semester</u>	<u>Course Dept. &amp; No.</u>	<u>Title</u>	<u>Credits</u>	<u>Grade</u>
<i>Fall 05</i>	<i>ANTH 699 (example)</i>	<i>Thesis</i>	<i>6</i>	<i>DF</i>

Name \_\_\_\_\_

UNIVERSITY OF ALASKA credits

**400-level:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deficiency courses** (Required courses that will not count toward your minimum credit requirement, i.e. 100, 200, 300 level courses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSFER COURSES: Graduate degree credit will be transferable within the UA system and from any other accredited institution for courses where the student has received a grade of B or better with the following stipulations: up to 1/2 of all graduate degree credits may be transferred with no more than 1/3 of all graduate degree credits transferred from any other accredited institution outside the UA system. All transfer credits must have been taken within the appropriate time limit for the degree.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Courses are to be transferred from \_\_\_\_\_

MINIMUM CREDITS REQUIRED FOR DEGREE PROGRAM \_\_\_\_\_

YOUR TOTAL PROGRAM CREDITS: graduate \_\_\_\_\_

(400 level only) undergraduate \_\_\_\_\_

II. Specific subject areas in which the student will be examined on comprehensive examination.

Name \_\_\_\_\_

III. Preliminary title of thesis or project: \_\_\_\_\_

IV. **Estimate** date of completion for the following:

- Qualifying examination (if required) \_\_\_\_\_
- Comprehensive examination \_\_\_\_\_
- Advancement to candidacy \_\_\_\_\_
- Completing coursework \_\_\_\_\_
- Completion of first draft of thesis \_\_\_\_\_
- Thesis defense \_\_\_\_\_

I have reviewed the proposed INDS Ph.D. Graduate Study Plan submitted by this applicant and agree to serve as the major advisor to this applicant if he/she is admitted. I have attached my current vitae.

\_\_\_\_\_  
PRINT NAME OF ADVISOR:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Department

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

I agree to consider the proposed INDS Ph.D. applicant being home-based in the: \_\_\_\_\_ Department (the department of the major advisor) and to the appropriate workload allocation for the major advisor.

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean of College or School where applicant will be home-based.

\_\_\_\_\_

\_\_\_\_\_