Program of Study

Wright State

Graduate School
Dayton OH 45435

Student's Name: Last, first, middle

UID

None
Entrance examination Name, Score

Degree Sought: (check one)
☐ M.A. ☐ M.B.A. ☐ M.S. ☐ M.A.T.
☐ M.Ed. ☐ M.S.T. ☐ M.Mus.

Thesis required: Yes X No ____

Foreign language requirement (specify)
None

Projected completion date: ____

Science and Mathematics
College

Chemistry
Department or program

Chemistry
Major Major number

Planned Graduate Program **Su – Summer, F – Fall, W – Spring, Sp – Spring**

Department name	Course number	Semester hours of credit	Course title	Req.	Elec.	Trans.	Grade	Qtr/Yr.

Acceptance/Signature and date

Student

Major Advisor

Committee Member

Program Director or Department Chair

Committee Member

Committee Member

Committee Member

Office Use Only

D-5