

# Ph.D. in Applied Geology Proposed Program of Research Form

Kent State University Department of Earth Sciences

*Return this completed form, without the Graduate Coordinator's signature, to your GSO instructor at the end of the Graduate Orientation Course.*

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Semester Enrolled in Program: \_\_\_\_\_

## **Description of the Proposed Project:**

## **Candidacy Examination Committee Members:**

Please list your potential advisor plus two members of the Earth Sciences graduate faculty who hold the appropriate graduate faculty rank to serve on your committee. The graduate coordinator serves as the advisor of record until this form is completed and signed by the graduate coordinator.

Faculty member	Responsibility	Signature
	Advisor	
	Committee Member	
	Committee Member	

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign and print name