

Submit this completed form to kinesiology@osu.edu no later than the end of the second term of enrollment in the Doctoral Program.

Your faculty advisor and committee must approve any changes made to the planned academic program.

Student Name _____
 Student ID _____ OSU Email _____
 Program _____ Advisor _____
 Admission Date _____ Semester _____ Year _____
 Projected Date of Graduation _____ Semester _____ Year _____
 Master's Degree Granting Institution _____

RESEARCH REQUIREMENT			
Course Description	Department	Course Number	Credit Hours

Residency Requirement: <http://www.gradsch.osu.edu/7.2-credit-hours-and-residency-requirements-doctoral-degree.html>

Total Program Credit Hours _____ (Required)

 Student's Signature _____ Date _____

 Advisor's Signature _____ Date _____

 Committee Member Signature _____ Date _____

 Committee Member Signature _____ Date _____

 Committee Member Signature _____ Date _____

APPENDIX B

WRITTEN FORMAT OF CANDIDACY EXAM

Doctoral Degree

Submit this completed form to kinesiology@osu.edu at least one month before the start of the term in which the exam is written.

Student Name _____

OSU E-mail _____

Program Area _____ Advisor _____

Projected Date of Graduation _____ Semester _____ Year _____

Written Exam Date *(tentative date)* _____ Semester _____ Year _____

Month _____ Day _____ Year _____

Candidacy Exam Committee		
Faculty Name	Department	Cognate Area

Exam Format

Student's Signature

Date

Advisor's Signature

Date

APPENDIX C
STUDENT AGREEMENT ON ACADEMIC HONESTY
Doctoral Degree

Submit this completed form to kinesiology@osu.edu at least one week prior to the date of the comprehensive exam.

ONLY students taking the Ph.D Candidacy Exam on the computer need to submit Appendix C.

In using a computer as part of this examination, I understand that I am subject to the CODE OF STUDENT CONDUCT which defines the expectations of students in the area of academic honesty. I understand that any breach of the Code will be reported to and reviewed by the University Committee on Academic Misconduct.

Student's Signature

Date

Student's Printed Name

Advisor's Signature

Date

Advisor's Printed Name

Submit this completed form to kinesiology@osu.edu at least one week prior to the dissertation proposal date. Your faculty advisor **MUST** email a copy of Appendix D at least one week prior to the dissertation proposal date to hs_faculty@lists.service.ohio-state.edu

Student Name	_____	Name .#	_____
Program	_____	Advisor	_____
Proposed Dissertation Title	_____ _____		
Proposal Date	_____	Location	_____
Advisor Signature	_____		

ABSTRACT (Provide a 100 word summary of your thesis.)

APPENDIX E DISSERTATION PROPOSAL ACCEPTANCE Doctoral Degree

Submit this completed form to kinesiology@osu.edu once the revisions suggested in the Dissertation Proposal Meeting have been completed by the Doctoral Candidate and approved by the dissertation committee.

Student Name _____ **OSUE-mail** _____

Program Area _____ **Advisor** _____

Dissertation Title _____

Submitted By _____

The Doctoral Dissertation Advisory Committee for _____ (candidate)

met in a formal session on _____ (date) and approved the dissertation prospectus.

Candidate's Signature

Date

Committee Chairperson's Signature

Date

Dissertation Committee Member Signature

Date

Dissertation Committee Member Signature

Date

Dissertation Committee Member Signature

Date

Graduate Studies Committee Chairperson's Signature

Date

*The acceptability of the dissertation is determined by the dissertation advisory committee. The student, the advisor, and the committee should engage in timely interactions to maintaining progress toward completion.

