

Georgia Institute of Technology

**Applied Physiology Program: Ph.D. Program of Study
(Only typed forms are acceptable)**

Original _____
Revised _____

DEADLINE: 1st semester

The proposed Program of Study must be submitted to the Applied Physiology Program Office within the first semester of enrollment in the PhD program. The completed, signed form must be submitted with a brief justification of course selection. This Program of Study is subject to review by the Faculty Advisor and the School's Graduate Committee (GC) who will evaluate the proposed coursework with regard to depth, breadth, relevance to research objectives, and academic rigor of the proposed courses and requires approval of the School Chair.

Name: _____ Email: _____ GTID# _____

Include Course Number, Course Title, and Credit Hours for each proposed course.

Systems Physiology, Seminar, RCR (13 semester hours)			Minor Program (9 semester hr) some outside APPH		
Number	Course Title	Hours	Number	Course Title	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
APPH 8000	Seminar	3			
PHIL 6000	Responsible Cond Res	1			* or equivalent

Focus Area (6 semester hours, maximum of 3 hours at 4000 level, no Spec. Problems, letter grade only)			Thesis (minimum of 12 semester hours)		
Number	Course Title	Hours	Number	Course Title	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Statistics (3 semester hours, at 6000-7000 level)

	Hours Required:	Hours Proposed:
Credit hours in Systems Physiology:	9	_____
Credit hours in Statistics:	3	_____
Credit hours in Seminar and PHIL 6000:	4	_____
Focus Area Courses:	6	_____
Minor Program (9 hrs. required)	9	_____
Thesis hours (minimum):	12	_____
Total Minimum Semester Hours for Degree: 6 hr maximum of 4000	42	_____

Tentative Thesis Topic: _____

Projected Date of Graduation _____ Signed _____ Date _____

RECOMMENDED _____
Faculty Advisor (SIGNATURE REQUIRED) PRINT NAME Date

RECOMMENDED _____
Graduate Committee (SIGNATURE REQUIRED) PRINT NAME Date

RECOMMENDED _____
Graduate Committee (SIGNATURE REQUIRED) PRINT NAME Date

Approved _____ Not Approved _____
 School Chair _____ Date _____