Summer 2024 Dissertation / Thesis / Individual Investigation Program Statement (Written Plan for Anticipated Progress)

Top section of this form to be completed and signed by the student being advised. Please complete this form prior to registration and obtain the approval signature of the professor who is working with you.

S	ummer I		Summer II		Summer III		
Student's Name: _				_ Student KSU ID:			_
Professor's Name:							
Department/Schoo	1:			Program (if applicable):			
Description of you	r project go	oals or objectives fo	or the Summe	r Session indicated:			
I have enrolled fo	r:	_ Dissertation I		Course	Section		_
		_ Dissertation II		Course	Section		
		_ Thesis I		Course	Section		
		_ Thesis II	4141	Course	Section		_
		_ Individual Invest	tigation	Course	Section		
					If the student is not on campus to complete this form in person, the following are acceptable substitutions. Please attach.		
Student's Signature	e	Date	;		E-mail	Fax	_Letter
This section	to be comp	oleted & signed by	the faculty me	ember if compensation	on is being requeste	ed for Sumn	ıer.
Is this course a pro	gram requi		tution for a re	(# of stude quirement)?			
				r or 1/6 th (0.166) for	co-director		
Date registration v	erified						
				sted for thesis or diss Summer '15 Summer '21			
				s allowable for comp r compensated thesi			is four
Faculty Signature_			Co-	-Director (if approp	riate)		