

University of Kansas
Department of Chemistry
PhD Student Individualized Curriculum

Student Name _____

Advisor _____

The fields marked with an * must be completed (along with any other fields already known) and the form signed by the student and the student's PhD advisor. The form will be placed in the student's file. This curriculum must be completed before the student is allowed to schedule an Oral Comprehensive Exam. After the initial signing, changes are allowed only through petitions to the Graduate Affairs Committee. Please return this form to Avery Meadows (1140N ISB) **by December 18th**.

Distribution Courses

Two 700-level courses chosen among CHEM 720, 730, 740, 750 or 760

Course Number	Course Title	Date Completed	Grade
*CHEM _____			
*CHEM _____			

Advanced Courses

A PhD student in Chemistry is required to complete a minimum of four additional lecture courses in Chemistry or related field that are chosen by the student and his/her advisor and approved by the Graduate Affairs Committee.

*indicates required fields

Course Number	Course Title	Date Completed	Grade
*	*		
*	*		
*	*		
*	*		

Course in Responsible Scholarship

A PhD student in Chemistry is required to complete an approved course in responsible scholarship.

Course Number	Course Title	Date Completed	Grade

Course in Lab Safety for the Chemical Sciences

A PhD student in Chemistry is required to complete an approved course in lab safety.

Course Number	Course Title	Date Completed	Grade

I agree to abide by this individualized curriculum for my Ph.D. program:

Student Signature

Date

As the named student's advisor, I support this individualized Ph.D. curriculum:

Advisor Signature

Date

Graduate Affairs Committee Approval: _____ Date: _____