

PPCP Departmental Copy

PPCP Graduate Student Contract for Degree Completion

Student: \_\_\_\_\_

Major Advisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Date Expected/Completed*	Benchmark**	GA Signature	Advisor Signature
_____/_____	MS Committee Selection	_____	_____
_____/_____	MS Research Proposal	_____	_____
_____/_____	PhD Committee Selection	_____	_____
_____/_____	PhD Research Proposal	_____	_____
_____/_____	RCR Training	_____	_____
_____/_____	WPS Training	_____	_____
_____/_____	LaCarte Credit Card	_____	_____
_____/_____	Vehicle Authorization	_____	_____

\*Date expected is based on the start date

\*\*NA should be entered in the Date Expected field if not applicable, for more detailed information on 'Benchmarks' please review the General Guidelines for PPCP Graduate Students and the Graduate Studies Handbook.