

*Graduate Concentration in Survey Research Methodology*

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**APPLICATION AND PROGRAM OF STUDY**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Student ID# \_\_\_\_\_ UIC E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Tel. \_\_\_\_\_

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Graduate Academic Unit in which currently enrolled:

Department \_\_\_\_\_ College \_\_\_\_\_

Current degree program: MA/MS \_\_\_\_\_ PhD \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date matriculated: Semester \_\_\_\_\_ Year \_\_\_\_\_

Expected graduation date: Semester \_\_\_\_\_ Year \_\_\_\_\_

NOTE: Expected graduation date may be no sooner than the semester immediately following the date when this application is submitted and approved.

Academic Advisor:

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Tel. \_\_\_\_\_

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**Signatures**

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

Academic Advisor: \_\_\_\_\_ Date \_\_\_\_\_

Unit GCSRMS Faculty:\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required if academic advisor is not a GCSRMS faculty member.

GCSRMS Co-Director: \_\_\_\_\_ Date \_\_\_\_\_

## PROGRAM OF STUDY

### Area of Specialization:

Generalist \_\_\_ Sampling \_\_\_ Questionnaire Design \_\_\_ Data Collection \_\_\_ Data Analysis \_\_\_

<b>Core Courses</b> (7 Shrs minimum)			
Number	Title	Shrs	Term/Year
Total _____			Shrs

<b>Elective Courses</b>			
Number	Title	Shrs	Term/Year
Total _____			Shrs

<b>Program Summary</b>	
Total Shrs	
Core Courses	
Elective Courses	
Grand Total Shrs = _____ (14 Shrs minimum)	

Submit original Application and Program of Study form to:

Timothy P. Johnson, PhD, Co-Director  
629 CUPPA Hall, M/C 336

or Frederick J. Kviz, PhD, Co-Director  
645 SPHPI, M/C 923