MS Applied Sociology
Department of Sociology & Anthropology
Departmental Forms

Updated January 2014
List of Forms and Documents

SOC Form A: Advisor Agreement (Must be approved before enrolling in the 14th hour of graduate work).

SOC Form B: Advisory Committee Membership Agreement (Must be approved before enrolling in 25th hour of graduate work).

SOC Form C: Change in Advisory Committee Membership (Replacement permitted only in rare instances and with the approval of the Graduate Coordinator).

SOC Form D: Independent Study Approval (Must be approved by the Graduate Coordinator before registering for the course).

SOC Form E: Internship Agreement (Must be signed and approved before enrolling in SOC 895 (Field Placement).

SOC Form F: Thesis Proposal Approval (Due on acceptance of thesis proposal by the advisory committee).

SOC Form G: Thesis Approval (Due on successful passage of the oral examination and acceptance of the thesis by the advisory committee).

SOC Form H: Report of Basic Statistics Challenge Examination Results (Due before the end of registration for the first semester in order to waive taking EX ST 801).

SOC Form I: Request for second oral examination of thesis.

SOC Form J: Declaration of Concentration Area (due by the end of the first year of study)

Progress toward Degree Document: Will be used each semester. For students in their first semester, this evaluation will take place at the end of their first semester. For other students, this evaluation will occur during the advising period prior to course registration and at other times when deemed necessary.
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY
CLEMSON UNIVERSITY
THESIS ADVISOR AGREEMENT
SOC FORM A

I request that ______________________________________________________ serve as my advisor and as chair of my advisory committee.

Student (print name) ___________________________________________________________

Student (signature) ___________________________________________________________

Date _____________________________

I agree to serve as advisor and as the chair of the advisory committee for the student identified above.

Advisor/Chair (signature) ______________________________________________________

Date _______________________________

I approve of this agreement.

Director of Graduate Studies (signature) ___________________________________________

Date _____________________________

Once completed, the graduate student and each member of the thesis should retain copies of this form. The signed original should be kept on file in the main office.

I request that the following persons serve as members of my advisory committee (print names):

_______________________________________________________ (Chair)
_______________________________________________________ (Member)
_______________________________________________________ (Member)
_______________________________________________________ (Extra member)

The tentative title of my thesis is: _________________________________________________________
____________________________________________________________________________________

I expect to graduate (month) ________________________  (year) _________________________
Student (print name) ___________________________________________________________
Student (signature) ________________________________________________
Date ___________________________

We, the undersigned, agree to serve as members of the advisory committee for the student identified above.

Committee Member Signatures       Date
___________________________________________________________ ________________
___________________________________________________________ ________________
___________________________________________________________ ________________
___________________________________________________________ ________________

Approved ___________________________________________________ ________________
Director of Graduate Studies
I request the following change(s) in the membership of my advisory committee (print names):

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<th>To Be Removed</th>
<th>To Be Added</th>
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Student (print name) ___________________________________________________________

Student (signature) ____________________________ Date _________________

We, the undersigned, agree to serve as members of the advisory committee for the student identified above.

<table>
<thead>
<tr>
<th>Committee Member Signatures</th>
<th>Date</th>
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<tbody>
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</table>

Professor ____________________________ (will continue to serve/has agreed to serve) as chair of the advisory committee.

A typewritten statement must be attached to this form to justify in detail why this(ese) change(s) is (are) being requested. **Without the statement, the request will be denied.**

APPROVAL

The changes requested by the student identified above in the membership of her or his advisory committee is hereby (approved/denied).

Director of Graduate Studies (signature) ____________________________

Date: ____________________________

NOTE: Student also must file a revised GS2 with the Graduate School.
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY
CLEMSON UNIVERSITY
INDEPENDENT STUDY APPROVAL
SOC FORM D

Student's Name (print): ___________________________________________________________

Project Title __________________________________________________________________
________________________________________________________________________________

I propose to complete the following project for credit in SOC 896: Independent Study. I understand that the work must be completed within the semester in which I register for the course. Otherwise, university rules concerning incomplete (I) grades must be followed in completing the course work indicated below.

I propose to complete the following work in fulfillment of requirements for ________ semester hours of credit in SOC 896. I understand that grading for the course is the sole responsibility of the professor identified below. Provide a description of the Independent Study project and how the project will be completed. Additional page(s) may be attached if more space is needed. Explain what makes this a Sociology course and how it does not duplicate any existing courses at Clemson University.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student (signature) ________________________________________________________________
Date ___________________________

I hereby agree to be the course instructor of the work proposed.

Professor/Advisor name (print) _________________________________________________________

Professor/Advisor for course (signature)_____________________________________Date___________

Approved.

Director of Graduate Studies (signature) _____________________________________Date___________
I, __________________________________________, agree to conduct myself in a professional manner and according to the American Sociological Association's Code of Ethics while participating in an internship as part of the Master of Science Degree Program in Applied Sociology. I understand that actions judged to be unethical by the faculty are grounds for disciplinary action, including dismissal from the graduate program.

I understand that this internship constitutes temporary employment for educational purposes and that participation does not guarantee permanent employment.

I understand that while I am participating in an internship I am representing both Clemson University and its Department of Sociology and Anthropology and will conduct myself accordingly.

Student (signature)________________________________________________
Date ___________________________

Approved.

Director of Graduate Studies (signature) _____________________________________________
Date: ______________________________________

Chair, Department of Sociology (signature) ______________________________________
Date: ______________________________________

Comments:
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY
CLEMSON UNIVERSITY
THESIS PROPOSAL APPROVAL
SOC FORM F

Student's Name _____________________________________________________________

Project Title _____________________________________________________________

The advisory committee of _________________________________________________________
met on this date ___________________________ to hear the defense of the proposal indicated above.

By vote of the advisory committee, the proposal is:

__________ Approved (unanimous vote)

__________ Approved with minor revisions to be approved by the committee chair without further meeting of the committee (unanimous vote)

__________ Approved with major revisions necessitating another meeting by the committee (majority vote)

__________ Rejected (majority vote)

Committee Member Signatures                                           Date
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

The action of the committee is acknowledged this date: ______________________

Director of Graduate Studies (signature) _________________________________

DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY  
CLEMSON UNIVERSITY  
THESIS APPROVAL  
SOC FORM G  

Student's Name ________________________________________________________  

Project Title ________________________________________________________  

The advisory committee of the above named student met on this date _____________________ to the oral examination and defense of the thesis project identified above. The committee certifies that the student has:  

_____ Passed the final defense, with minor editorial changes required, and the student’s committee has approved the final manuscript, and signed the GS-7. Student is ready to immediately upload their thesis.  

_____ Passed the final defense with more substantive changes required; student’s advisor/committee will approve the final manuscript, and sign the GS-7, when the changes have been made. Student will upload their thesis upon completion of these changes.  

_____ Failed the final defense. Recommendations for second defense are described in the attached document.  

The committee also certifies that it has accepted this thesis in partial fulfillment of the requirements for the Master of Science Degree in Applied Sociology. The passage of the examination and acceptance of the thesis by the committee was by majority vote.  

Committee Member Signatures                  Date  

________________________________________________________________________  ______________________  

________________________________________________________________________  ______________________  

________________________________________________________________________  ______________________  

Director of Graduate Studies (signature)  

________________________________________________________________________  ______________________
Student's Name ________________________________________________________

The basic statistics examination committee has administered the BSCE and has graded its results. It is the judgment of this committee that this candidate has:

_____ passed the BSCE and is exempt from EX ST 801.

_____ not passed the BSCE and must complete EX ST 801.

Committee Member Signatures          Date
___________________________________________________________ ________________
___________________________________________________________ ________________
___________________________________________________________ ________________
___________________________________________________________ ________________

The action of the BSCE committee is acknowledged this date: ________________

Director of Graduate Studies (signature/date)
___________________________________________________________ ________________
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY
CLEMSON UNIVERSITY
APPLICATION FOR REEXAMINATION OF THESIS
SOC FORM I

Student's Name ________________________________________________________

Project Title ________________________________________________________

The advisory committee of _____________________________________________
agree to meet on _____________________ to re-conduct his or her oral examination and defense of the thesis
project identified above.

Committee Member Signatures       Date

______________________________________________________________________  ______________
______________________________________________________________________  ______________
______________________________________________________________________  ______________
______________________________________________________________________  ______________

The action of the committee is acknowledged this date:  ______________

Director of Graduate Studies (signature/date)

______________________________________________________________________  ______________
I request the adoption of following area of concentration:

________________________________________________________________________

The courses comprising this concentration will include:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student (print name) _______________________________________________________

Student (signature) _______________________________________________________

Date __________________________

We, the undersigned, agree to the area of concentration requested.

Committee Member Signatures Date

________________________________________________________________________ ________________

________________________________________________________________________ ________________

________________________________________________________________________ ________________

______________________________

I approve of this action.

Director of Graduate Studies (signature/date)

________________________________________________________________________
Each semester, graduate students must provide the Graduate Coordinator with an update on their progress toward degree. Complete this form prior to meeting with the Graduate Coordinator for registration advising. Complete all sections with as much information as possible. In the curriculum section: for courses you have already taken, record your earned grade in the space provided. Otherwise, indicate the semester (e.g., “Fall 11”) you will take, or have taken, the courses, including electives. If you have completed any of the SOC forms specified below, indicate when you submitted the form, or, if approved, date of approval.

Name: ___________________________ Date: ___________________________

Semester you entered the program: ___________________________ Expected graduation date: ________________

I. CURRICULUM

Core courses:
SOC 803 Survey Designs for Applied Social Research (4)                  
SOC 805 Evaluation Research (3)                                       
SOC 807 Advanced Research Methods (3)                                
SOC 810 Theoretical Models in Applied Social Research (3)              
SOC 830 Human System Development (3)                                  
EX ST 801 Statistical Methods (4)                                     
SOC 671 Demography, ANTH 603, or approved equivalent (3)              
SOC 897, Professional Seminar, 1 credit hour for each of 4 semesters (4) ; ; ; ; ; ; ;

Concentration area:
Title of Concentration Area: ___________________________ (3)          
Elective 1 (name of course): ______________________________________ (3)
Elective 2 (name of course): ______________________________________ (3)
Elective 3 (name of course): ______________________________________ (3)

Master’s Thesis Research:
SOC 891 Master’s Thesis Research (at least 6 credits required) (indicate number of hours taken and semester in the spaces below)
_____ Hours during ____________ semester
_____ Hours during ____________ semester
_____ Hours during ____________ semester

Field Placement:
SOC 895. (At least 3 credit hours required, maximum of 6 hours is allowable and may be offered)1

_____ Hours during ____________ semester
_____ Hours during ____________ semester
_____ Hours during ____________ semester

1 Under unusual circumstances a formal field placement may be divided into three hours of credit plus three hours of appropriate course work with the approval of both the student’s advisory committee and the Graduate Coordinator. At this time, the parameters of the Field Placement are in flux.

Field Placement Information:

Name of agency/organization:

Name & title of your supervisor:

Contact Information for your supervisor:

Proper mailing address for agency/organization:

Telephone number of agency: Fax number of agency:

Your contact information during your field placement (including email; mailing address; telephone):

Beginning & ending dates of your field placement:

Briefly describe your duties related to your role as an intern:

Incompletes: _______

Name of course and semester ____________________________

Course completed? ______ Yes ______ Grade

_____ No ______ When will you complete this course?

Name of course and semester ____________________________

Course completed? ______ Yes ______ Grade

_____ No ______ When will you complete this course?

Academic Probation History:

List all semesters for which you have been placed on academic probation:

_________________________________   __________________________________________

Leaves of Absence or Breaks in Residency:

Below please list leaves of absence:

Below please list breaks in residency:

History of Academic Dishonesty or Other Violations of Departmental and University policies:

List the violations and any sanctions imposed. Include dates, type of or specific policy, etc.
II. PROGRESS TOWARD COMPLETION OF THESIS
Have you selected an advisor? (SOC Form A)     Yes   No
If yes, advisor’s name: _____________________________
Date Form A was approved: __________________________

Have you selected an Advisory Committee? (SOC Form B)    Yes   No
If yes, committee members’ name:
________________________________________
________________________________________
Date Form B was approved: __________________________

If you have selected a committee, have you made any changes to your committee (SOC FORM C)
_____ Yes   _____ No

Explain changes, give dates for each change:

Have you defended a formal proposal with all committee members present? (SOC FORM F)
______ Yes   ______ No (If no, when do you plan to defend your thesis proposal? ____________)

If you have defended your thesis proposal, when do you plan to defend your final thesis? ________________

III. FUNDING / ASSISTANTSHIP
Number of semesters you have been supported on assistantship thus far: ________________

Are you interested in receiving assistantship support next semester? ___ Yes ___ No

IV. FOR STUDENTS ADMITTED TO THE PROGRAM ON A PROVISIONAL BASIS:
If you were accepted to the program on a provisional basis, have you met the requirements to continue in the program? (e.g., taken your GRE’s maintained a 3.0 GPA, etc.)?
_____ Yes   ______ No (If no, when will you complete these requirements? ____________)

V. OTHER:
GS-2 Graduate Degree Curriculum form submitted: ______

Cumulative GPA: ________________

VI. SUMMARY OF PROGRESS: If necessary, attach a narrative providing additional information and comments about your accomplishments (e.g., professional development, course performance, presentations, assistantships duties, etc.) that will assist the Graduate Committee in determining your professional development and progress toward degree.

VII. SIGNATURE AND DATE: Sign and date this completed form in the space below:

__________________________________________  ____________________________  ____________
Print Name                        Signature                        Date
FOR GRADUATE COMMITTEE USE:
Date form received from student:

Reviewed by Graduate Advisory Committee members (signature. This is the committee that advises the Graduate Coordinator, not a student’s Thesis Committee:

Committee Member Signatures       Date

___________________________________________________________ ________________
___________________________________________________________ ________________
___________________________________________________________ ________________

Reviewed by Graduate Coordinator (signature and date):

___________________________________________________________ ________________

Additional information needed from student

Student approved to continue in program

Student remains on, or is recommended for, academic probation

Student not approved to continue in program

Additional comments/ notes: