





# Program of Study for Doctoral Degree

continued

Name:

Student Number:

Term

Year

Title of Course	Department	Course No.	Credits	Grade	Remarks	Check (SGS only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Term

Year

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Term

Year

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Term

Year

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Credit Subtotal

# Program of Study for Doctoral Degree

continued

## Transfer Credits

Institution	Course No.	Title	Term Type	Credits	Grade	Check (SGS only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Title of Dissertation:

Prerequisites and other requirements of the programs, not taken for graduate credit

### Approval Signatures:

\_\_\_\_\_  
Major Professor

Date

\_\_\_\_\_  
Department Head

Date

### Supervisory Committee

\_\_\_\_\_  
Date

Date

\_\_\_\_\_  
Date

Date

\_\_\_\_\_  
Date

Date

\_\_\_\_\_  
Date

Date

\_\_\_\_\_  
Student Signature

Date

### School of Graduate Studies Approval

\_\_\_\_\_  
Graduate Dean

Date

Signatures indicate that the proposed program of study and thesis/report will fulfill requirements of this degree. Amendments require the signature of the major professor and written notification to other member of the supervisory committee.

### Submission Instructions

When you have completed this form, print a copy for review by your Supervisory Committee. After you have obtained the necessary signatures, please return the form to the School of Graduate Studies ( Old Main Room 164: UMC 0900