

# PROGRAM OF STUDY FOR DOCTORAL DEGREE

Please submit original and two copies of this form to the School of Graduate Studies Office, UMC.0900

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department/Program \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Specialization \_\_\_\_\_ List specialization on transcript? Yes  No

Highest degree obtained \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_

PhD  EdD  60 credits above master's degree  90 credits above bachelor's degree

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Credit Subtotal
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# PROGRAM OF STUDY FOR DOCTORAL DEGREE CONTINUATION PAGE

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Term _____	Year _____				
Title of Course		Dept.	Course No.	Credits	Grade Remarks

Credit Total
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# PROGRAM OF STUDY FOR DOCTORAL DEGREE CONTINUATION PAGE

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term \_\_\_\_\_ Year \_\_\_\_\_

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Credit Total
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**Transfer Credits**

<u>Institution</u>	<u>Course No.</u>	<u>Title</u>	<u>Quarter or Semester/Year</u>	<u>Credit(s)</u>	<u>Grade</u>

Language requirement: No  Yes  Language \_\_\_\_\_

Coursework substitution for language requirement: No  Yes  Coursework \_\_\_\_\_

Prerequisite and other program requirements: \_\_\_\_\_

Approval signatures:\*

Major Professor \_\_\_\_\_ Date \_\_\_\_\_ Department Head \_\_\_\_\_ Date \_\_\_\_\_

Supervisory Committee:

_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____

Student agreement: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Signatures indicate agreement that the program of study will fulfill the course requirements for the degree. Amendments to the course program require the signature of the major professor and written notification to other members of the supervisory committee.

School of Graduate Studies approval: \_\_\_\_\_  
Dean \_\_\_\_\_ Date \_\_\_\_\_

THE NEXT DOCUMENT REQUIRED IS THE APPLICATION FOR CANDIDACY,  
WHICH MUST BE TURNED IN AT LEAST THREE MONTHS BEFORE THE FINAL DEFENSE.