

PLAN OF STUDY: PHD DEGREE

NEW PLAN DATE _____ EXPECTED GRADUATION DATE _____

REVISION DATE _____ Original Plan _____

NAME: _____ STUDENT ID#: _____

ADDRESS: _____

PHONE(W): _____ PHONE(H): _____

E-MAIL: _____

MAJOR AREA: _____

ADVISOR'S SIGNATURE _____ STUDENT SIGNATURE _____

OTHER COMMITTEE MEMBERS _____

PHD COMMITTEE APPROVAL* Chairman: _____ Date _____

BS Degree received _____

PRELIMINARY EXAM _____

COMPREHENSIVE EXAM _____

MS Degree received _____

SPECIALTY EXAM _____

FINAL EXAM _____

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES:

| <u>COURSE NUMBER</u> | <u>COURSE TITLE</u> | <u>GRADE</u> | <u>TAKEN</u> | <u>COURSE NUMBER</u> | <u>COURSE TITLE</u> | <u>GRADE</u> | <u>TAKEN</u> |
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GRADUATE COURSES: _____ Verified by: _____

| COURSE NUMBER | COURSE TITLE | GRADE | TAKEN | COURSE NUMBER | COURSE TITLE | GRADE | TAKEN |
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TRANSFER COURSES: (Subject to Graduate School approval)

| COURSE NUMBER | COURSE TITLE | GRADE | CREDIT HOURS | SENT TO GRAD SCHOOL | ACCEPTED BY GRAD SCHOOL |
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* Approval of this plan of study does not waive any previously imposed conditions.

THESIS TITLE: