

Doctoral Program Degree Plan

_____		_____	
Last Name	First Name	M.I.	Today's Date
_____			_____
Street Address			Student ID
_____		_____	
City	State	Zip	email address

In compliance with the published requirements governing the doctoral degree, I hereby submit for approval my complete course of study with a major field in _____ and a supporting field of _____. That course which meets the research requirement in the major field is indicated by an asterisk. The residency requirement will be met during the period _____ to _____.

Student's signature: _____

Major Field

Course	Title	Semester/Year	Grade

Supporting Field

Research Requirement

Additional Coursework (if required by department. Should more space be needed, please attach another sheet.)

Approval Recommended:

 Committee Chair Signature/Printed Name Date

 Member Signature/Printed Name Date

 Member Signature/Printed Name Date

 Supporting Field Member Signature/Printed Name Date

 Departmental Ph.D. Coordinator Date

 Director, Registration and Academic Records Date
 C.T. Bauer College of Business