Press to Reset

# PH.D.
# PROPOSED PROGRAM OF STUDY

S. S. No. _____

Name _____ Major _____

Last First Middle Initial

Enter Date as MM/DD/YYYY

| COURSES* | | | | TRANSFER CREDIT INFORMATION | | Date Completed or To Be Completed |
|---|---|---|---|---|---|---|
| Title | Course Number | Credit | Grade | Transfer From** | Equiv. TTU Course No. | |
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| TOTAL Semester Hours Credit To Be Counted Toward Degree | | 0.00 | | | | |

Other Requirements***:

Language Requirements: French ☐ German ☐ Spanish ☐ Other ☐

List requirements and give basis for choice if other:

* Enter courses in following order:
1. Background courses
2. Primary Area courses
3. Related Area courses

**Enter name of university where courses were taken

***Practicums, internships, professional activities, etc.

Total Hours: 700 level _____ 600 level _____ 500 level _____

Brief Description of Proposed Research

APPROVED ADVISORY COMMITTEE:

_____ date _____ Chairperson

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____ Member

_____ date _____

Departmental Chairperson

_____ date _____

Associate Dean/Director for Doctoral Programs

_____ date _____

Dean of Graduate Studies