Program of Study for the Ph.D.   Ed.D.   M. Phil.   Or Professional Doctorate   Degree

_____
Please specify

Full legal name _____ UofU ID#_____
                        Last   First   Middle

Present address _____Telephone _____
                Street   City   State   Zip

Permanent address (if different) _____
                                                                 Zip code

Department _____ Student's Major _____

Degree(s) previously received _____ Institution _____ _____
                              (B.S., M.S., etc.)   (year)

_ _____

This degree is expected to be completed at the end of _____ semester, 20 _____

Proposed title of dissertation or non-dissertation project (if permitted):
_____

For Ed.D. only, Auxiliary Disciplines: 1. _____ 2. _____ Ed.D. Minor_____

Language Requirement
    The Language requirement will be satisfied by the following:
      Languages 1. _____ Standard Proficiency ☐   Advanced Proficiency ☐

               2. _____ Standard Proficiency ☐ Advanced Proficiency ☐

     No language required ☐   Other requirement (e.g., statistics) _____

The program of study as outlined has been approved by the student's supervisory committee listed
Below:

Name _____ Signature _____
          (Chairperson)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

This program of study fulfills departmental requirements:

_____ Date _____
Signature, Chairperson of the Department or Director of Graduate Studies   Date _____

Program approved by _____, Dean of The Graduate School

Graduate Records
___ Total hours
___ Thesis hours
___ Minor (for Ed.D. only)
___ Language requirement: Date satisfied 1: _____ 2: _____
___ Residency (2 consecutive semesters of full-time work)

List chronologically only those courses that apply toward the proposed degree. Course work and thesis research hours should be projected through the intended date of completion.

Background and/or undergraduate courses required for qualification as a graduate student in the major subject normally do not count toward the degree. Likewise, courses taken toward a professional degree normally do not count toward a M.Phil. or Ph.D. degree.

After all required department signatures are obtained, please return the form to the Graduate Student Coordinator.

Institution	When Registered	Department and Course No.	Course Title	Major Or Allied	Qtr/Sem Hours	Grade
U of XXXXXXXX	Sem, 1999	ACCTG-XXXX	Example Course Title	Major	3	A
U of XXXXXXXX	Sem, 1999	ACCTG-XXXX	Example Course Title	Major	3	A