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.

SEND ORIGINAL AND 2 COPIES TO GRADUATE RECORDS, 302 PARK BUILDING

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