

Doctoral Program Degree Plan

Last Name	First Name	M.I.	Today's Date
Street Address			Student Number
City	State	Zip	Telephone Number

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: _____

COURSE	TITLE	SEMESTER/YEAR	GRADE
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Major Field

Supporting Field

Research Requirement

**Courses
Required for
Foundation
Work**

Course	Semester	Grade	Course	Semester	Grade

Approval Recommended:

Committee Chair	Date	Departmental Ph.D. Coordinator	Date
Member	Date	Director, Registration and Academic Records	Date
Member	Date	C.T. Bauer College of Business	
Supporting Field Member	Date		