Ph.D. Program of Study and Appointment of Advisory Committee

Is this a revision to an existing Program of Study form? **Committee Change** **Course/Program Change**

Student Information	
Name (**LAST**, First)	Student Number
Major Department / Unit	Program Start Date (*MM/YYYY*)
Field of Special Interest	

Program of Study
In the boxes below, please list the Course Number, Credit Hours *and* Course Classification *(S - standard, X - auxiliary, A - audit, O - occasional).*

GRAD 7500, 0-CH, S			

Other Requirements

Language Requirement   Yes   No   If yes, which language _____   Expected date _____ *(MM/YYYY)*

Method: Language course   Reading test   Other

Candidacy Examination - Expected Examination Date (*MM/YYYY*)

Proposed Thesis Topic

Earliest Possible Date for Graduation   February   May   October   Year _____

Special Requirements

Advisory Committee	Name	Department/Unit	Highest Degree Obtained	Signature
Advisor				
Co-Advisor (if applicable)				
Committee Members				

Department/Unit Head Name: Signature:	FGS Office Use Only Initial & Date
Date (*MM/DD/YYYY*)	