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Ph.D. in _ **Degree Plan (xx Hours Required) Department Name College/School Name**

Student ID:

| Telephone: E-mail Address: Advisor: Dissertation chair: | | Otaa | Start date: Expected graduation date: Exam pass date: Date admitted to candidacy: | | | |
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| Courses | Course Titles | | Semester | Credit | Grade | |
| Courses | | | | Credit | Grade | |
| ADOD 4004 | Required Prerequisites (not in | nciuded in | | 0 | Δ. | |
| ABCD 1234 | Sample Course Title | | Fall 20xx | 3 | Α | |
| | Required Coursewo | rk (vy hou | .e) | | | |
| ABCD 1234 | Sample Course Title | ik (XX iloui | Fall 20xx | 3 | | |
| ADOD 1204 | Cample Gourse Title | | I dii ZOXX | 3 | | |
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| | Elective Coursewor | rk (xx hour | s) | | | |
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| Student Signa | iture. | | | | | |

SAMPLE TEMPLATE

Program Coordinator/Director Signature:

Advisor Signature:

Date:

Date:

Student name:

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Program Name Course Elective List

ABCD 1234 Sample Course Title. Semester normally offered. ABCD 5678 Sample Course Title. Semester normally offered. ABCD 9012 Sample Course Title. Semester normally offered.