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

Student name:	**Student ID:**
Telephone:	**Start date:**
E-mail Address:	**Expected graduation date:**
Advisor:	**Exam pass date:**
Dissertation chair:	**Date admitted to candidacy:**

Courses	Course Titles	Semester	Credit	Grade
Required Prerequisites (not included in total hours)				
ABCD 1234	Sample Course Title	Fall 20xx	3	A
Required Coursework (xx hours)				
ABCD 1234	Sample Course Title	Fall 20xx	3	
Elective Coursework (xx hours)				
Dissertation Hours (xx hours)				
Total Hours				

Notes:

Student Signature:
Date:

Advisor Signature:
Date:

Program Coordinator/Director Signature:
Date:

SAMPLE TEMPLATE

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.

SAMPLE TEMPLATE