

First Name

Last Name

Doctoral Plan of Study Summary Sheet

Student Number

INSTRUCTIONS: Please complete this form, obtain advisor and departmental signatures, save as PDF, and upload as Plan of Study attachment when submitting a Doctoral Comprehensive Exam request in workflow. Graduate College will return reviewed plan of study via MAUI Advising Notes.

	1				
gram		Degree Objective			
pproved Sub Program (if any)					
Graduate Work Completed or	in Prog	ress			<u> </u>
ransfer Graduate Credit		College or University		Semester Hours	
	College of	r University		Semester Hours	
J of I Graduate Hours Earned				Semester Hours	
Does not include courses numbered under 3,000 or courses with marks of D, F, U or I)					
Current Registration				Semester Hours	
Total Graduate Credit Completed or in Progres					Semester Hours
Reduction of Credit				<u> </u>	
Cross off courses on the student's	s record	and current registration that do NOT app	ly toward this degre		ze below.
Reduction in credit for courses taken more than 10 years before comprehensive examination Note: Departments must evaluate these courses and determine allowable credits in each case and report results in a letter to the Graduate Dean.)					
Courses in Irrelevant Fields				Semester Hours	
Amount of Reduce					Semester Hours
Total Completed and Currently Registered Graduate Hours to be Counted Toward Degree C.					Semester Hours
Additional Required Coursew	ork			,	
Additional courses, seminars, reas Incomplete (I), which must be		and dissertation hours required, includeted for this plan.	ding all required cou	urses now rec	orded
Course ID (e.g. GRAD:0000:0000) Course Title				Semester Hours	
Total Additional Hours Required D.					Semester Hours
Total Graduate Hours in Doctoral Plan of Study E.					Semester Hours
dvisor's Signature	Date	Department Executive's Signature Da	ate Graduate Dean's	Signature	Date
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