Program of Study for the Ph.D.          Ed.D.         M. Phil.     Or Professional Doctorate      Degree

Please specify
(Due at least 2 months preceding semester of graduation)

Full legal name ______________________________________________________________ UofU ID#______________________

Present address
Street                                      City                                 State                            Zip

Permanent address (if different) _____________________________________________________________Telephone _______________________

Department ________________________________________ Student’s Major __________________________________________

Degree(s) previously received __________________________ Institution ______________________________________  _______
(B.S., M.S., etc.)                                                                                                                                                  (year)

This degree is expected to be completed at the end of ____________________________________ semester, 20 _____

Proposed title of dissertation or non-dissertation project (if permitted):

For Ed.D. only, Auxiliary Disciplines: 1. ______________________ 2. _____________________ Ed.D. Minor________________

Language Requirement
The Language requirement will be satisfied by the following:
Languages 1. __________________________ Standard Proficiency         Advanced Proficiency         □

2. __________________________ Standard Proficiency         Advanced Proficiency         □

No language required □ Other requirement (e.g., statistics) _________________________________

The program of study as outlined has been approved by the student’s supervisory committee listed
Below:

Name _______________________________ Signature __________________________________

Name _______________________________ Signature __________________________________

Name _______________________________ Signature __________________________________

Name _______________________________ Signature __________________________________

This program of study fulfills departmental requirements:

_________________________________________________________  Date _______________