

PROPOSED PLAN OF STUDY -- Ph.D degree in curriculum EDCI (Continued)

(Last Name) (First) (Middle) Soc. Sec. Number

Dates:

- 1. Date of Qualifying Examination _____
- 2. Expected Date of Preliminary Examination _____
- 3. Expected Date of Receipt of Degree _____
- 4. Expected Date of Dissertation Prospectus Examination _____
- 5. Expected Date of Final Examination _____

Residency Statement: *(Briefly list plan for full-time study and times at which this study will occur.)*

Signatures:

(Student) (Soc. Sec. No.) (Date)

(Chair) (Soc. Sec. No.) (Date)

(Member) (Soc. Sec. No.) (Date)

(Member) (Soc. Sec. No.) (Date)

(Member) (Soc. Sec. No.) (Date)

(Member) (Soc. Sec. No.) (Date)

(Cognate Professor) (Soc. Sec. No.) (Date)

Check this box if two additional members will be added at the time of the preliminary exam.

(Division Director) (Soc. Sec. No.) (Date)

(Dean of Graduate School) (Soc. Sec. No.) (Date)