



**Ph.D. Plan of Study and Supervising Professor Appointment
Form D-1**

This form is to be completed by the student after consultation with his/her Department Graduate Advisor and Supervising Professor(s) and should be filed with the Graduate Studies Office by the end of the third quarter of enrollment as a Ph.D. student.

Student Information		
Name of Student: _____		Student ID Number: _____
Doctoral Degree		
College: _____	Major: _____	Minor (if applicable): _____
Required Examinations and Anticipated Dates		
Candidacy Examination (MM/DD/YYYY) _____	Dissertation Defense (MM/DD/YYYY) _____	
<i>Note: Some programs may establish additional requirements</i>		

Supervising Professor and Co-Supervising Professor Information	
Professor _____ has agreed to serve as my Supervising Professor for work toward the PhD. Degree	
Professor _____ has agreed to serve as my Co-Supervising Professor (if applicable)	

Authorizations/Signatures	
Student _____	Date _____
Supervising Professor _____	Date _____
Co-Supervising Professor (if applicable) _____	Date _____
Department Graduate Advisor _____	Date _____
Office of Graduate Studies _____	Date _____

List All courses taken or to be taken

Master's degree received (include name of institution and date of graduation)

Note: Provide a copy of your master's level transcript with this form.

Forty-five post-master's credits are required for a Ph.D. degree

Course Number	Course Title	Credits

List any other requirements:

