College of Education

Doctoral Program of Study and Advisory Committee Form

Name _____ **Panther#** _____

Address _____ **Day Telephone** _____

City, State, ZIP _____ **Evening Telephone** _____

To complete this document, refer to the "Policies Governing the Doctor of Philosophy Degree" section and appropriate departmental section of the *Graduate Bulletin.*

PROGRAM OF STUDY

Please see program descriptions in the *Graduate Bulletin* for number of hours required in each area–minimum hours required vary by major.

CORE (min. of 27 semester hrs.)				MAJOR (min. of 18 semester hrs.)				COGNATE (min. of 18 semester hrs.)			
Prefix & Number	Hours	Term	Grade	Prefix & Number	Hours	Term	Grade	Prefix & Number	Hours	Term	Grade
EPRS 8530	3				3				3		
EPRS 8540	3				3				3		
	3				3				3		
	3				3				3		
EPSF	3				3				3		
EPY	3				3				3		
9990	9										

NOTE: (1) No coursework that has been completed more than 7 yrs prior to admission to candidacy may be used to meet degree requirements. (2) All transfer credit listed on program of study (i.e., credits from other institutions, non-degree, EdS, PhD) must be indicated with an asterisk. Please attach a copy of the transcript, excluding GSU, showing coursework taken. A minimum of 36 sem. hrs. must be earned in the doctoral program at GSU; the 36 hr. minimum may not include transfer credits from other institutions, another doctoral program, a specialist program, or the non-degree status. The use of non-degree credits is limited to a maximum of 9 sem. hrs. and is included in the hours allowed in transfer. DEADLINE FOR ADMISSION TO CANDIDACY IS _____ (OAA use only)

DOCTORAL ADVISORY COMMITTEE

_____ **Initial Advisory Committee** **APPROVALS** _____ **Revised Advisory Committee**

Student Signature _____ **Date** _____

Major Advisor/ Committee Chair _____ **Dept.** _____ **Signature** _____ **Date** _____

Committee Member _____ **Dept.** _____ **Signature** _____ **Date** _____

Committee Member _____ **Dept.** _____ **Signature** _____ **Date** _____

Committee Member _____ **Dept.** _____ **Signature** _____ **Date** _____

Department Chair _____ **Dept.** _____ **Signature** _____ **Date** _____

AFTER all signatures of above are obtained, submit form to the Office of Academic Assistance & Graduate Admissions (OAA), Room 300 College of Education.

Monitored by OAA:	Date