

**College of Education
Doctoral Program of Studies**

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Name: U Number:
 Address: City:
 State: Zip Code: Phone: (H) (W)
 Email: @ memphis.edu

Degree Information

Prior Degrees	Major	Minor	Institution	Date

Degree Desired: Major: Concentration:

(Note: Wording must be exactly as it appears in the Graduate Bulletin)

First Semester Enrolled in Doctoral Program:

Program Target Dates

Proposed Dates of Completion	Semester or Month Year	Course Work	Comprehensive Exam	Dissertation

Signatures:

Typed Name	Signature	Date
Chair:		
Program Committee Members (2 required):		
Dept. Chair:		
Director of Graduate Studies:		

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Program Structure – Page 2 of 2

In Major (42-45 Hrs.)

Dept.	Course #	Course Title	Grade	Hrs	Institution	Date

Research Core Courses (9-12 Hrs.)

Dept.	Course #	Course Title	Grade	Hrs	Institution	Date

Hours in Major: Hours in Research: Total Hours (Major and Research):