



# Ph.D. Plan of Study

Name: \_\_\_\_\_

First Quarter in Ph.D. Program: Autumn \_\_\_\_\_ Winter \_\_\_\_\_  
(year) (year)  
Spring \_\_\_\_\_ Summer \_\_\_\_\_  
(year) (year)

Area of Concentration: \_\_\_\_\_

Quarter in which General Examination is planned:

Autumn \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please fill in the required course information below:

|                                                  | Course Number<br>and Name | Quarter<br>Taken | Grade |
|--------------------------------------------------|---------------------------|------------------|-------|
| Course in Theory<br>(1 course)                   |                           |                  |       |
| Courses in Methodology<br>(2 courses)            |                           |                  |       |
|                                                  |                           |                  |       |
| Electives<br>(4 courses)                         |                           |                  |       |
|                                                  |                           |                  |       |
|                                                  |                           |                  |       |
|                                                  |                           |                  |       |
| Demography Requirements<br>Completed? (1 course) |                           |                  |       |

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Director of Graduate Studies)