

PLAN OF STUDY & SUPERVISING PROFESSOR APPOINTMENT FORM

This form is to be completed by the student after consultation with his/her Department Graduate Advisor and Supervising Professor (if any) and should be submitted to the Graduate College **by the end of the third quarter of enrollment as a PhD/doctoral student.**

Student Information	
Name of Student:	Student ID Number:
PhD/Doctoral Degree	
College:	_Major:
	Minor (if applicable):
Required Examinations and Anticipated Dates	
Candidacy Examination (MM/DD/YYYY):	
Dissertation Defense (MM/DD/YYYY):	
Note: Some programs may establish additional requirements.	*

Supervising Professor and Co-Supervising Professor Information		
Professor Professor for work toward the PhD/doctoral degree.	has agreed to serve as my Supervising	
Professor Professor (if applicable) for work toward the PhD/doctoral degree.	_has agreed to serve as my Co-Supervising	

Authorizations/Signatures		
Student:	Date:	
Supervising Professor:	Date:	
Co-Supervising Professor (if applicable):	Date:	
Department Graduate Advisor:	Date:	
Graduate College:	Date:	

Masters Degree Information (If Applicable)

Masters Degree Received:
Name of Institution:
Date of Graduation:
Are you transferring from another program post-Masters level? Yes No
If Yes , how many credits have you taken post-Masters level?

Note: If Yes, please provide a copy of your post-Masters level transcript with this form.

List All Courses Taken (or To Be Taken)

45 post-Masters credits are required for a PhD/doctoral degree.

Course Number	Course Title	Credits

*Please list any other requirements

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