

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 _____ has agreed to serve as my Supervising Professor for work toward the PhD/doctoral degree.

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

Authorizations/Signatures

Student: _____ Date: _____

Supervising Professor: _____ Date: _____

Co-Supervising Professor (if applicable): _____ Date: _____

Department Graduate Advisor: _____ Date: _____

Graduate College: _____ Date: _____

