UNIVERSITY of NEW ORLEANS

Doctoral Program of Study

Required at the end of the first year of study for programs without a Qualifying Examination

Submit typed original and one copy

Name			
Student ID		Program	
Date		Sem/Yr Plan of Study Began	

Nomination of Special Advisory Committee Committee requires three or more members (depending on program requirements)			
Major Professor		Committee Member	
Committee Member		Committee Member	
Committee Member		Committee Member	

Curriculum:

1. Attach a list of degrees held with institutions and dates.
2. Attach a list of graduate credits completed at UNO, a list of credits in progress at UNO, and a list of credits completed at other institutions which are pertinent to the doctoral program.
3. Attach a list of credits to be taken.

Summary in Semester Hours	
Credits earned and in progress at UNO	
Credits earned elsewhere	
Credits to be taken	
Total	0.00

Program of Study approval:

_____
Student's Signature Date

_____
Major Professor Date

_____
Graduate Coordinator Date

_____
Department Chair Date

_____
Executive Director of Graduate Programs Date

Doctoral Curriculum

Student Name		**Student ID**	
Degree Program		**Semester Student entered program at UNO**	

Prior Degrees Earned

Dates Attended	Institution	Degree

	Dates Attended	Institution	Number of Hours
Hours to be applied from earned master's			
Graduate credit not earned towards a prior degree(*Request for Transfer Credit* may be required)			

Courses Completed at UNO

Semester	Course Number and Title	Credits	Grade

Semester	Course Number and Title	Credits	Grade

Courses to be Taken at UNO

Semester	Course Number and Title	Credits	Grade

Residence Requirement	**Semesters of Full-time enrollment**	
	Semesters of 6 or more hours enrollment	