University of Nebraska Lincoln

All information must be typed.

Program of Studies for the Doctoral Degree

Student's Name: _____ Social Security/ID#: _____
Last *First* *Middle*

Address: _____ Phone: _____

Degree Objective: _____ Major: _____

Minor: _____ Area of Specialization: _____

Previous Degrees: _____ Date: _____ Institution: _____

_____ Date: _____ Institution: _____

_____ Date: _____ Institution: _____

TRANSFER OF CREDIT

• The Supervisory Committee recommends the following transfer of credit to the doctoral program at the University of Nebraska:
(Official transcripts showing the completion of credit to be transferred from other institutions must be on file in the Office of Graduate Studies prior to approval of the program; total hours can be no more than half of the program)

Institution	Dept.	Course No.	Title	Cr. Hr.	Grade		Institution	Dept.	Course No.	Title	Cr. Hr.	Grade
Total credit hours transferred to the doctoral program at the University of Nebraska:												

GRADUATE COURSES ALREADY TAKEN AT THE UNIVERSITY OF NEBRASKA

• The Supervisory Committee accepts the following courses and thesis or dissertation research in which incomplete, pass, or letter grade reports have been received:

Major Courses							**Minor or Related Courses**					
Institution	Dept.	Course No.	Title	Cr. Hr.	Grade		Institution	Dept.	Course No.	Title	Cr. Hr.	Grade
Credit hours of graduate work at the University of Nebraska in which incomplete, pass, or letter grade reports have been received:												

GRADUATE COURSES TO BE TAKEN

• The Supervisory Committee approves the following courses and dissertation research hours that are in progress or to be taken. This portion of the program of study constitutes at least one-half of the minimum requirements:

Major Courses						Minor or Related Courses					
Institution	Dept.	Course No.	Title	Cr. Hr.	Grade	Institution	Dept.	Course No.	Title	Cr. Hr.	Grade

Credit hours of graduate work at the University of Nebraska in progress or to be taken:
(Must total at least 45 credit hours)

TOTAL CREDIT HOURS IN THE PROGRAM OF STUDY:
(Minimum 90 credit hours)

LANGUAGE, RESEARCH TOOL, or COLLATERAL FIELD REQUIREMENTS

• These courses/tools should not be listed above. They do not count toward the 90 credit hour requirement.

Institution	Dept.	Course No.	Title	Cr. Hr.	Grade	Institution	Dept.	Course No.	Title	Cr. Hr.	Grade

DISSERTATION TOPIC
(optional)**:** _____

_____

SUPERVISORY COMMITTEE:

_____ (Chair, typed name) _____ (typed name)

_____ (typed name) _____ (typed name)

_____ (typed name) _____ (Outside Representative, typed name)

READING COMMITTEE (Two members of Supervisory Committee exclusive of chairs)**:**

_____ (typed name) _____ (typed name)

PROGRAM OF STUDY APPROVED BY THE SUPERVISORY COMMITTEE AT A MEETING ON:

_____ (Signature, Supervisory Committee Chair) _____ (Date)

PROGRAM OF STUDY APPROVED BY THE OFFICE OF GRADUATE STUDIES ON:

_____ (Signature, Dean of Graduate Studies) _____ (Date)