



College of Education and Human Development

Doctoral Program of Study and Advisory Committee Form

Name _____

Panther # _____

Address _____

Telephone _____

City, State, ZIP _____

Email _____

PROGRAM OF STUDY- For students admitted PRIOR to Fall 2012

Please see program descriptions in the *graduate catalog* for number of hours required in each area—minimum hours required vary by major.

| CORE (min. of 27 semester hrs.) | | | | MAJOR (min. of 18 semester hrs.) | | | | COGNATE (min. of 18 semester hrs.) | | | |
|---------------------------------|-------|------|-------|----------------------------------|-------|------|-------|------------------------------------|-------|------|-------|
| Prefix & Number | Hours | Term | Grade | Prefix & Number | Hours | Term | Grade | Prefix & Number | Hours | Term | Grade |
| EPRS 8500 | 3 | | | | 3 | | | | 3 | | |
| EPRS 8530 | 3 | | | | 3 | | | | 3 | | |
| | 3 | | | | 3 | | | | 3 | | |
| | 3 | | | | 3 | | | | 3 | | |
| EPSF | 3 | | | | 3 | | | | 3 | | |
| EPY | 3 | | | | 3 | | | | 3 | | |
| _____ 9990 | 9 | | | | | | | | | | |
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NOTE: (1) No coursework that has been completed more than 7 yrs prior to admission to candidacy may be used to meet degree requirements. (2) All transfer credit listed on program of study (i.e., credits from other institutions, non-degree, EdS, PhD) must be indicated with an asterisk. Please attach a copy of the transcript, excluding GSU, showing coursework taken. A minimum of 36 sem. hrs. must be earned in the doctoral program at GSU; the 36 hr. minimum may not include transfer credits from other institutions, another doctoral program, a specialist program, or the non-degree status. The use of non-degree credits is limited to a maximum of 9 sem. hrs. and is included in the hours allowed in transfer. DEADLINE FOR ADMISSION TO CANDIDACY IS _____ (OAA use only)

DOCTORAL ADVISORY COMMITTEE

_____ Initial Advisory Committee

APPROVALS

_____ Revised Advisory Committee

Student Signature _____ Date _____

Major Advisor/
Committee Chair _____ Dept. _____ Signature _____ Date _____

Committee Member _____ Dept. _____ Signature _____ Date _____

Committee Member _____ Dept. _____ Signature _____ Date _____

Committee Member _____ Dept. _____ Signature _____ Date _____

Department Chair _____ Dept. _____ Signature _____ Date _____

AFTER all signatures of above are obtained, submit form to the Office of Academic Assistance & Graduate Admissions (OAA), Room 300 College of Education and Human Development.

| | | | |
|-------------------|-------|--------------------------------------|-------|
| Monitored by OAA: | Date: | Associate Dean for Graduate Studies: | Date: |
|-------------------|-------|--------------------------------------|-------|