BCSS-51
5/05

UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Program of Study
Ph.D. Degree

Name _____ ID# _____
Last First Middle

Address _____ Program Area_____

_____

Telephone Number (Work) _____

Telephone Number (Home) _____

COLLEGE STATISTICAL CORE:

Dept	Course #	Course Title	Hours	Grade	Term	Instructor	Year

DEPARTMENTAL REQUIREMENTS:

Dept	Course #	Course Title	Hours	Grade	Term	Instructor	Year

Program of Study
Ph.D. Degree
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Dept	Course #	Course Title	Hours	Grade	Term	Instructor	Year
FIELD OF STUDY/ADDITIONAL COURSES:							

DISSERTATION TITLE:

_____

_____

_____

APPROVED:

Student _____ Date _____

Major Advisor _____ Date _____

Committee: _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Dept. Head _____ Date _____