



WESTERN MICHIGAN UNIVERSITY

Department of _____

Doctoral program of study in _____

Name _____

SSN _____

Address _____

Phone _____

E-mail address: _____

Required Courses

Course No.	Course Name	Hours	Grade	Sem/Yr	Institution

Master/Transfer Courses

Course No.	Course Name	Hours	Grade	Sem/Yr	Institution

Research

Course No.	Course Name	Hours	Grade	Sem/Yr	Institution

Student name:

Electives

Course No.	Course Name	Hours	Grade	Sem/Yr	Institution

Dissertation Hours

Course No.	Course Name	Hours	Grade	Sem/Yr	Institution

Total Credit Hours =

Identify Research Tools

List Exams Scheduled/Passed

Other Requirements (foreign Language, DGE's, Prelims, etc.)

Required Signatures

Student X.....Date: X.....

Doctoral Advisor X.....Date: X.....

Committee Advisor X.....Date: X.....

Department Chair X.....Date: X.....

Graduate College Dean X.....Date: X.....

Original copy to Auditing, copies to student, advisors and department