

Final Doctoral Program of Study

The University of Georgia Graduate School
210 S. Jackson St., Athens, GA 30602

(Please submit this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name		CAN # (810)	
Address		Degree	
		Major	

Relevant Master's or Other Graduate Degree Courses

Course #	Hours	Course #	Hours	Course #	Hours	Course #	Hours	Course #	Hours

Doctoral Courses

Please use * to designate 6000 and 7000 level courses open only to graduate students.

Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term

Research Skills Requirement (if applicable)

Departmental Requirements

Doctoral Advisory Committee: (Please type all names, sign, and date)

APPROVALS

Graduate Coordinator <small>(Name & Signature)</small>		Date	
Graduate Dean		Date	
Courses start to expire at the beginning of:		GPA	