Reset Form

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
								TOTAL HOURS			

Research Skills Requirement (if applicable)

Departmental Requirements

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

(Chair)

APPROVALS

Graduate Coordinator (Name & Signature) | Date

Graduate Dean | Date

Courses start to expire at the beginning of: | GPA

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