



Total credits for graduation: \_\_\_\_\_

Number of hours from Evaluation of Advanced Standing (if applicable): \_\_\_\_\_

Expected date for qualifying exam: \_\_\_\_\_

Expected date for dissertation proposal: \_\_\_\_\_

Expected date for dissertation defense: \_\_\_\_\_

Expected graduation date to complete degree: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dissertation Committee (including Advisor): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_