

Total credits for graduation: _____

Number of hours 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: _____