

Appendix B

Department Program of Study Form Department of Child and Family Development The University of Georgia

Name _____

NOTE: Students may include graduate courses completed while attending an accredited university that apply to Departmental requirements. During the first two semesters of graduate study, a decision regarding credit from other universities is made by the temporary advisor and the respective course instructor. After the first two semesters all decisions on courses are made by the student's committee. One copy of the completed form should be filed in the department office after the program of study meeting.

I. Substantive/Theoretical Concentration in Child and Family Development (24+ Hours)

Course Number and Title	Credits	Semester/ Year Scheduled	Date Completed	Grade	Institution
CHFD 6100, Theory and Issues of Human Development	3				
CHFD 6630, Theories of Family Relationships	3				
CHFD 6640, Issues of Family Relationships	3				
CHFD 8060, Contemp. App. in MFT	3				
CHFD 8700, Philosophy of Science in CFD	3				
CHFD 8710, Principles of Life-Span Human Development	3				
CHFD 8720, Ecological Perspective on Individual and Family Diversity	3				
CHFD 8910, Current Research & Issues in CFD	3				
Elective:					
Elective:					
Elective:					
Elective:					

A maximum of 9 semester hours from another institution may be included in this section.

II. Tools of Research Design and Development (29+ hours)

Course Number and Title	Credits	Semester/ Year Scheduled	Date Completed	Grade	Institution
CHFD 6800, Research Methods	3				
CHFD 8090, Couple & Family Intervention Research Methods	3				
CHFD 8810, Qualitative Methods in CFD	3				
CHFD 8950, Seminar in CFD (SPSS)	3				
Statistics:	3				
Statistics:	3				
One of the following: <input type="checkbox"/> Additional Quantitative Methods or Statistics <input type="checkbox"/> Additional Qualitative Methods or Analysis	3				
CHFD 9010, Directed Study in CFD	3-6				
**CHFD 9000D, Doctoral Research	3-9				
**CHFD 9300D, Doctoral Dissertation	3-9				
Elective:					
Elective:					
Elective:					
Elective:					

* A maximum of 12 semester hours from another institution may be included in this section.

**Dissertation hours (planning, CHFD 9000D and final writing, CHFD 9300D) must total 9 hours or more.

III. Area of Specialization (15+ hours) May include coursework taken either in or outside of the Department, courses listed in Sections I & II may not be listed in this section.

Area of Specialization: _____

Course Number and Title	Credits	Semester/ Year Scheduled	Date Completed	Grade	Institution

*A maximum of 12 semester hours from another institution may be included in this section.

V. Teaching Plans: Completion of the teaching option is designed to provide students experience in all phases of teaching an undergraduate course. Provide the following information. All teaching experiences are subject to the approval of the Department Head. If the Department Head has already granted approval please include supporting documentation.

<u>Course Student will Teach</u>	
Course:	Title: Semester:
<u>Student will attend same or similar class</u>	
Course:	Title: Semester: Instructor:
<u>Date GSRC 7770 completed or to be completed:</u>	
<u>Semester student will prepare for class:</u>	
<u>Supervising faculty member:</u>	<u>Signature:</u>

VII. Format for Area of Specialization Exam and Expected Date: The area of specialization or admission to candidacy exam can be administered in many formats (e.g. a publishable paper on the topic, questions similar to the comprehensive exam). Please provide a proposed format. Remember that to pass this exam you will be required to meet with your advisory committee and answer questions about the exam. Additionally, these exams must be scheduled with the department office and are public.

<u>Proposed Format for Area of Specialization:</u>	
<u>Semester:</u>	<u>Year:</u>

Advisory Committee Approval

The program of study has been approved by the Advisory Committee. Any changes must be approved by the advisory committee.

Major Professor: Date

Committee Member: Date

Committee Member: Date

Committee Member: Date

Graduate Coordinator: Date

(Graduate Coordinator is to sign as verification prior to the student's advancement to candidacy)

Copies of this form are to be distributed to the Major Professor, the Department Head, and the Graduate Program Assistant.