

Final Doctoral Program of Study

The University of Georgia

Graduate School, 320 E. Clayton St, Ste. 400

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

Name SS# - -

Address Degree

Major

Relevant Master's or Other Graduate Degree Courses

Course #	Hours	Course	Hours	Course#	Hours	Course#	Hours	Course#	Hours
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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
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Total Hours

Research Skills Requirement (if applicable)

Departmental Requirements

Doctoral Advisory Committee (Please type name, sign and date)

Chair

Graduate Coordinator

Date

APPROVALS

Graduate Dean

Date

Courses start to expire at the beginning of:

GPA: