DOCTORAL PLAN OF STUDY

Wichita State University
Graduate School
1845 Fairmount
Wichita KS 67260-0004
(316) 978-3095

The Graduate Plan of Study is intended as a guide that officially defines a student's graduate degree program. The student has the responsibility for verifying that information is correct and following degree requirements at the time the plan is formally approved.

Check One: ____ Plan of Study (POS) ____ Revision to POS ____ Revision to Committee Membership

Name _____ *myWSU* ID number _____

Address_____ Dept/Major Field _____

City, St. Zip_____ Minor Field _____

College/Universities Attended	**Year of Graduation**	**Degree Earned**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Title of Master's Thesis:_____

Preliminary Exams if applicable-list separately		**Qualifying/Comprehensive Exams if applicable-list separately**	
Topic:	Date	Topic:	Date
Topic:	Date	Topic:	Date
Topic:	Date	Topic:	Date
Topic:	Date	Topic:	Date

Foreign Language Exam if applicable		**Research Skills Exam if applicable**	
Topic:	Date	Topic:	Date

Dissertation Proposal Exam	**Dissertation Oral Defense Exam**
Date	Date

Tool Subjects					
Dept/Number	Title	Institution	Semester/Year	Hours	Grade

Dissertation title or general topic, if known: _____

_____

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Do not list hours in excess of those required for the degree. All hours listed will be considered part of the degree.

Dept. and Course #	Course Title	Credit Hours	Semester and Year	Part of Masters Yes/No	Transfer Institution	Instructor	Grade

Supervisory/Dissertation Committee Members:

1. _____ _____ Date _____
   Advisor or Dissertation Chair (Print Name) (Signature)
2. _____
   Member
3. _____
   Member
4. _____
   Member
5. _____
   Member From Outside the Major Department

Student _____ Date _____
(Signature)

Department Chair/Coordinator _____ Date _____
(Signature)

Graduate School _____ Date _____

Rev: 9/06