

ALABAMA A&M UNIVERSITY
School of Graduate Studies
Normal, Alabama 35762

Post Office Box 998
Telephone: (256) 372-5266

PROGRAM OF STUDY FOR DOCTORAL STUDENTS

NAME _____ STU # _____

GRADUATE MAJOR _____ CIP Code#^{*} _____

CONCENTRATION (if applicable) _____

PREVIOUS GRADUATE DEGREES: (Including any from Alabama A&M University)

University	Degree	Date	G.P.A.
_____	_____	_____	_____
_____	_____	_____	_____

SUPPORTING WORK:

Undergraduate deficiencies and language requirements listed in the admission letter:

Teaching Requirement – courses that you assisted/plan to assist. Give courses, instructors' names and semester/year.

NOTE: Use Typewriter or Word Processor and submit during first semester of enrollment to the Graduate Office.

* Refer to Alabama Commission on Higher Education (ACHE) approved program list. (www.ache.state.al.us/Acadaffr/proginv/98Aam.htm)

TRANSFER CREDIT--- course work used towards a previous graduate degree. Submit the Transfer Credit Form. No credit will be approved without an official transcript.

Institution	Name of Course	Cat. # Of Course	Year of Course	Credit hours	Grade

TRANSFER CREDIT --- course work not used towards a previous graduate degree. Submit Transfer Credit Form and obtain prior approval from the Graduate Dean. No credit will be approved without an official transcript.

Institution	Name of Course	Cat. # Of Course	Year of Course	Credit hours	Grade

FOREIGN LANGUAGE OR SUBSTITUTES:

Institution	Name of Course	Cat. # Of Course	Year of Course	Credit hours	Grade

DISSERTATION OPTION

TENTATIVE DISSERTATION TOPIC: _____

Advisory Committee Signatures (Minimum of five)

1.	_____	_____	_____
		(printed name)	Date
2.	_____	_____	_____
		(printed name)	Date
3.	_____	_____	_____
		(printed name)	Date
4.	_____	_____	_____
		(printed name)	Date
5.	_____	_____	_____
		(printed name)	Date
6.	_____	_____	_____
		(printed name)	Date
7.	_____	_____	_____
		(printed name)	Date
	Student	_____	_____
		(printed name)	Date
	Department Chairperson	_____	_____
		(printed name)	Date
	Academic Dean	_____	_____
		(printed name)	Date
	Dean, Graduate School	_____	_____
		(printed name)	Date

GRADUATE OFFICE USE ONLY

Received and Distributed to Student by _____ Date _____

DEGREE: _____ **MAJOR:** _____

DATE GRADUATED: _____

Signature of Graduate School Official Date