

**College of Education
Doctoral Program of Studies**

Page 1 of 2 – Enter your data into the appropriate fields and print each page

Name: U Number:
 Address: City:
 State: Zip Code: Phone: (H) (W)
 Email: @memphis.edu

Degree Information

Prior Degrees	Major	Minor	Institution	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree Desired:
 Major:
 Concentration:

(Note: Wording must be exactly as it appears in the Graduate Bulletin)

Admissions Information

GRE Scores: Verbal Quantitative Total (V&Q)
 Date Admitted to Department: Master's GPA:

Program Target Dates

Proposed Dates of Completion	Semester or Month Year	Course Work	Comprehensive Exam	Dissertation
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures: Information

Chair: _____ Date _____ Committee Members: _____
 Dept. Chair: _____
 Director of Graduate Studies: _____

