WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152 TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

PLAN OF STUDY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

| FIRST NAME | | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| LAST NAME | | | | | | | | |
| STUDENT ID # (SEVEN DIGITS) | NETID | | Phone | | | | | |
| EMAIL | | | | | | | | |
| This plan of study should be completed when not more than eighteen credits of cessful completion of all work indicated degree. The plan of study must be significant submission to The Graduate School for and e-mailed to the student, major advited. Any request for changes should be some of the student of the student. | of course work to be ed on the plan of stu ned by the student a or final approval. Wh visor, and departmer ubmitted to The Gra | offered for the deg ody is a fundamenta and by each membe en fully approved, o nt administrator. | ree have been completed. The suc- il prerequisite for the conferring of the r of the advisory committee before copies of the plan of study are scanned | | | | | |
| Degree | and Professional | Diplomas held at | present | | | | | |
| COLLEGE | DEGREE | DATE GRANTED | FIELD OF STUDY | | | | | |
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| FIELD OF DOCTORAL STUDY | | | | | | | | |
| AREA OF CONCENTRATION | | | | | | | | |
| Advisory Committee (print names only, minimum of three required) | | | | | | | | |
| MAJOR ADVISOR | | ASSOCIATE ADVISOR | | | | | | |
| | | | | | | | | |

LEAVE BLANK

ASSOCIATE ADVISOR

Date of PhD Date by which all requirements
Admission _____ for the degree must be completed _____



ASSOCIATE ADVISOR

COURSE WORK

- List below all courses to fulfill the requirements for the PhD degree after consultation with your major advisor. If you have a master's degree, list only those courses beyond that degree which your advisory committee agree should count toward the PhD. Courses taken at the University of Connecticut or elsewhere, which would be outdated by the time you expect to complete your degree requirements should not be included. Refer to the graduate catalog regarding transfer credit courses (accredited institutes only grade B, not B-, or better). List courses and submit request for transfer credits on an attached "Transfer Credit Request" form with approval signature.
- Note a minimum of 15 credits of Grad 6950/6960 are required. List related area on page 3.

| List Courses in Chronological order | | | | | | | |
|-------------------------------------|------------------|---------------------------------------|----------------|----------------|-------|----------|--|
| COLLEGE | COURSE NUMBER | COURSE TITLE | COURSE CREDITS | LEAVE BLANK | YEAR | SEMESTER | |
| EXAMPLE - U. of CONNECTICUT | HIST 5515 | THE AMERICAN REVOLUTION | 3 | | 12-13 | SPRING | |
| REQUIRED OF ALL | GRAD 6950 | RESEARCH CREDITS - PLEASE LIST ALL | 15 | | | | |
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| TOTAL NUMBER OF CREDITS | NUMBER OF CREDITS AT UCONN | |
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LANGUAGE(S) OR RELATED AREA(S) OF KNOWLEDGE

At least one foreign language or one related area is required

Foreign Language(s): Consult the current Graduate Catalog for methods by which a foreign language requirement can be fulfilled. List language(s) below. If your field of study requires no foreign language or related area indicate exempt. **LANGUAGE HOW TO BE FULFILLED** NATIVE SPEAKER **EXAM** COURSEWORK NATIVE SPEAKER COURSEWORK **EXAM** NATIVE SPEAKER COURSEWORK **EXAM RELATED AREA(S)** A related area must comprise a coherent unit of at least six credit hours of advanced work outside the field of study (or area of concentration, if appropriate) and usually outside the department in which the major work of the degree is offered. Ordinarily, the work must be taken at the University of Connecticut. No credits will be accepted in transfer for a related area unless approved in advance by the advisory committee and The Graduate School. Note that related areas are not part of course content. COURSE NUMBER **SPECIFY RELATED AREA** COLLEGE **COURSE TITLE CREDITS YEAR** 1. **COLLEGE NUMBER COURSE TITLE CREDITS** YEAR 2. _____ DATE _____ STUDENT'S SIGNATURE **APPROVAL:** (ORIGINAL SIGNATURES REQUIRED) MAJOR ADVISOR ASSOCIATE ADVISOR _____ ASSOCIATE ADVISOR _____ ASSOCIATE ADVISOR ______ ASSOCIATE ADVISOR __ APPROVED: THE GRADUATE SCHOOL DATE

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