GRADUATE SCHOOL
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

PROGRAM OF STUDY FOR GRADUATE DOCTORAL DEGREE

Date: _____ **Student UAH Email:** _____

Student Name: _____ **Student A No.:** A_____

Department/Program: _____ **Degree:** _____

First Minor: _____ **Second Minor:** _____

UAH Course	Title of Course	Credit Hours	Grade	Term	Name of Institution if transfer course request*; remarks	Transfer Course #
Required courses:					*Include a copy of transcript if applicable	
Dissertation courses (minimum 18 hours):						
First minor if applicable:						

Student Name: _____ **Student A No.:** A_____

UAH Course	Title of Course	Credit Hours	Grade	Term	Name of Institution if transfer course request*; remarks	Transfer Course #
Second minor if applicable:						
Foreign language/Ancillary skills if applicable:						

_____ _____
Student Signature Date

_____ _____
Dept. or Program Chair Signature Date

_____ _____
Graduate School Signature Date

_____ _____ _____
Type Committee Chair Name Signature Date

_____ _____ _____
Type Advisor Name (if diff. than comm. chair) Signature Date

_____ _____ _____
Type Member Name Signature Date

_____ _____ _____
Type Member Name Signature Date

_____ _____ _____
Type Member Name Signature Date

_____ _____ _____
Type Member Name Signature Date