

### Final Doctoral Program of Study

The University of Georgia

Graduate School, 320 E. Clayton St, Ste. 400

(Please submit this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name SS# - -

Address Degree

Major

#### Relevant Master's or Other Graduate Degree Courses

Course #	Hours	Course	Hours	Course#	Hours	Course#	Hours	Course#	Hours
----------	-------	--------	-------	---------	-------	---------	-------	---------	-------

#### Doctoral Courses

Please use \* to designate 6000 and 7000 level courses open only to graduate students.

Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term
-----------------	-------	-------	------	-----------------	-------	-------	------	-----------------	-------	-------	------

**Total Hours**

Research Skills Requirement (if applicable)

Departmental Requirements

Doctoral Advisory Committee (Please type name, sign and date)

Chair

Graduate Coordinator

Date

### APPROVALS

Graduate Dean

Date

Courses start to expire at the beginning of:

GPA: