



**Doctor of Philosophy  
Program of Study Approval Form (M1 & M2)**

Please indicate one or both:        \_\_\_\_\_ Coursework (M1)  
    \_\_\_\_\_ Research (M2)

Instructions:

1. All information must be typed
2. Return form to Graduate Secretary to obtain Director's signature
3. Please allow one week for processing after submission
4. An original copy of the Program of Study must be attached

Student's Name:

Student's Signature:

Specialization:

Major Advisor:

The undersigned certify that the Program of Study (attached) for the Doctor of Philosophy degree has been reviewed by the student's Program of Study Committee (minimum of four members), and has been judged to be satisfactory.

Doctoral Program of Study Committee Signatures:

|                         |              |             |        |
|-------------------------|--------------|-------------|--------|
| Chair<br>(Advisor)      | (Typed name) | (Signature) | (Date) |
| Dept. Member            | (Typed name) | (Signature) | (Date) |
| Dept. Member            | (Typed name) | (Signature) | (Date) |
| Dept. Member            | (Typed name) | (Signature) | (Date) |
| Additional<br>Member(s) | (Typed name) | (Signature) | (Date) |

\_\_\_\_\_  
Advisor (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director (Signature)

\_\_\_\_\_  
Date