

**TEXAS WOMAN'S UNIVERSITY-GRADUATE SCHOOL  
DOCTORAL DEGREE PLAN**

<b>Name:</b>	<b>ID #:</b>
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<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Telephone:</b>	<b>Work/Cell:</b>	<b>Email:</b>
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<b>Master's Degree Held:</b>	<b>Major:</b>	<b>Date Conferred:</b>
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<b>Institution Conferring Degree:</b>
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<b>Semester Admitted to Graduate School:</b>
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**Doctoral Degree to be earned:**

<b>Ph.D.</b> <input type="checkbox"/>	<b>Ed.D.</b> <input type="checkbox"/>	<b>Major:</b>	<b>Minor (if any)</b>
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**RESEARCH TOOLS:** List courses or examination for each tool

Tool #1:	Tool #2:		
Course I	Date Completed	Grade	Course I
			Date Completed
			Grade
Course II	Date Completed	Grade	Course II
			Date Completed
			Grade
Course III	Date Completed	Grade	Course III
			Date Completed
			Grade
Course IV	Date Completed	Grade	Course IV
			Date Completed
			Grade

<b>Competency</b>	<b>Competency</b>
Examination--Date Passed	Examination--Date Passed

**RESIDENCE REQUIRED:**  YES  NO

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Date: Completed or Tentative Dates for Completion

**SUMMARY OF CREDITS PROPOSED FOR THE DOCTORAL PROGRAM:**

<b>MAJOR FIELD:</b>	Semester Hours at TWU _____	+ Semester Hours Elsewhere _____	= TOTAL _____
<b>MINOR FIELD:</b>	Semester Hours at TWU _____	+ Semester Hours Elsewhere _____	= TOTAL _____
<b>ALLIED FIELD, if applicable:</b>	Semester Hours at TWU _____	+ Semester Hours Elsewhere _____	= TOTAL _____
<b>GRAND TOTALS:</b>	Semester Hours at TWU _____	+ Semester Hours Elsewhere _____	= TOTAL _____

**TENTATIVE PROGRAM APPROVED (Original Signatures Required):**

Committee Chair:	Date:
Member:	Date:
Member:	Date:
Member:	Date:
Member:	Date:
Chair/Director/Associate Dean:	Date:
Dean of the Graduate School:	Date:

**COURSES AT TWU\***  
(Attach Pages as Needed)

<b>A. Major Area</b>				
<b>Course Number</b>	<b>Course Title</b>	<b>Semester Hours</b>	<b>Date Completed</b>	<b>Grade</b>
<b>TOTAL HOURS IN MAJOR AREA AT TWU:</b>				

<b>B. Minor or Related Area</b>				
<b>Course Number</b>	<b>Course Title</b>	<b>Semester Hours</b>	<b>Date Completed</b>	<b>Grade</b>
<b>TOTAL HOURS IN MINOR OR RELATED AREA AT TWU:</b>				

\* Courses taken through the Federation are listed as TWU courses.

**TRANSFERRED COURSES**  
(Attach Pages as Needed)

<b>A. Major Area</b>					
<b>Institution Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Semester Hours</b>	<b>Date Completed</b>	<b>Grade</b>
<b>TOTAL HOURS IN MAJOR AREA TRANSFERRED:</b>					

<b>B. Minor or Related Area</b>					
<b>Institution Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Semester Hours</b>	<b>Date Completed</b>	<b>Grade</b>
<b>TOTAL HOURS IN MINOR OR RELATED AREA TRANSFERRED:</b>					

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.