**TEXAS WOMAN’S UNIVERSITY-GRADUATE SCHOOL**

 **DOCTORAL DEGREE PLAN**

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| **Name**:       | **ID #:**       |

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| **Mailing Address:**       | **City:**      | **State:**      | **Zip Code:**      |

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| **Telephone:**  | **Work/Cell:**      | **Email:**  |

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| **Master’s Degree Held:**  | **Major:**  | **Date Conferred:**      |

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| **Institution Conferring Degree:**  |

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| **Semester Admitted to Graduate School:**  |

**Doctoral Degree to be earned:**

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| --- | --- | --- |
| **Ph.D.** **[ ]  Ed.D.** **[ ]**  | **Major:**      | **Minor (if any)** |

**RESEARCH TOOLS:** List courses or examination for each tool

 Tool #1: Tool #2

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 Course I Date Completed Grade Course I Date Completed Grade

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 Course II Date Completed Grade Course II Date Completed Grade

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 Course III Date Completed Grade Course III Date Completed Grade

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 Course IV Date Completed Grade Course IV Date Completed Grade

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| Competency       | Competency       |

 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:**

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| MAJOR FIELD: | Semester Hours at TWU       | + Semester Hours Elsewhere        | = TOTAL       |
| MINOR FIELD: | Semester Hours at TWU        | + Semester Hours Elsewhere        | = TOTAL       |
| ALLIED FIELD, *if applicable*: | Semester Hours at TWU        | + Semester Hours Elsewhere        | = TOTAL       |
| **GRAND TOTALS:** | 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: |
| Required Completion Date |       |

**COURSES AT TWU\***

**(Attach Pages as Needed)**

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| 1. **Major Area**
 |  |
| **Course Number** | **Course Title** | **Semester** **Hours** | **Date Completed** | **Grade** |
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| **TOTAL HOURS IN MAJOR AREA AT TWU:** |       |

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

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

**TRANSFERRED COURSES**

**(Attach Pages as Needed)**

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| **A. Major Area** |
| **Institution Name** | **Course Number** | **Course Title** | **Semester** **Hours** | **Date Completed** | **Grade** |
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| **TOTAL HOURS IN MAJOR AREA TRANSFERRED:** |       |

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

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.