

TEXAS WOMAN'S UNIVERSITY – GRADUATE SCHOOL
Doctoral Degree Plan

Name _____ SSN _____

Permanent Address _____
 Residence or P.O. Box _____ City _____ State _____ Zip Code _____

Local Address _____
 Residence or P.O. Box _____ City _____ State _____ Zip Code _____

Telephone: Home () _____ Work () _____

Master's Degree: Institution Conferring Degree _____ Date Conferred _____

DOCTORAL DEGREE SOUGHT(Circle): Ph.D. Ed.D. GRE: Total _____ Verbal _____ Quantitative _____

PROPOSED MAJOR FOR DOCTORAL DEGREE _____ Minor _____

RESEARCH TOOLS: Tool #1 _____ Tool #2 _____

Tool #1	Tool #2
_____	_____
Course I	Course I
_____	_____
Date Completed/Grade	Date Completed/Grade
_____	_____
Course II	Course II
_____	_____
Date Completed/Grade	Date Completed/Grade
_____	_____
Examination	Examination
_____	_____
Date Passed	Date Passed

SUMMARY OF CREDITS PROPOSED FOR THE DOCTORAL PROGRAM:

Master's Degree Field*: Semester Hours at TWU _____ + Semester Hours Elsewhere _____ = TOTAL _____
 +

MAJOR FIELD: Semester Hours at TWU _____ + Semester Hours Elsewhere _____ = TOTAL _____
 +

ELECTIVES/MINOR: 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 _____ Member: _____ Date _____
 Member: _____ Date _____ Member: _____ Date _____

Doctoral Program Coordinator: _____ Date _____

Dean of College/School: _____ Date _____

Dean of the Graduate School: _____ Date _____

*Only 36 hours of master's work accepted toward doctoral degree.

TRANSFERRED COURSES

(Attach pages as needed)

Semester Date
Hours Completed Grade

A. Major Area (MS Degree)

Institution Name	Course Number	Course Title	Semester Hours	Date Completed	Grade

TOTAL HOURS IN MAJOR AREA TRANSFERRED:

Semester Date
Hours Completed Grade

B. Electives/Minor/Related area

Institution	Course Number	Course Title	Semester Hours	Date Completed	Grade

TOTAL HOURS IN MINOR AREA TRANSFERRED:

**COURSES TAKEN AT TWU
(Master's Degree)**

A. Major Area (MS Degree)			Semester Hours	Date Completed	Grade
Institution Name	Course Number	Course Title			

TOTAL HOURS IN MAJOR AREA:

B. Electives/Minor/Related area			Semester Hours	Date Completed	Grade
Institution	Course Number	Course Title			

TOTAL HOURS IN MINOR AREA AT TWU:

For Graduate School Use—Do Not Write Below This Line

Admitted To Candidacy: _____

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.

Disclosure of your social security number is required in order to match the identity of the student with Graduate School records at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).