**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):**

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| --- | --- | --- |
| 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.