

UNIVERSITY OF MARYLAND
College of Education

DOCTORAL PROGRAM

Approval Sheet

Submit one copy of the approval sheet stapled to one copy of the *DOCTORAL PROGRAM*. After departmental review and approval, submit all forms to the Graduate Studies College Office.

Name _____

UID _____

Degree _____ Ph.D. _____ Ed.D.

Department _____

Concentration _____

Advisor _____

Effective September 1, 1992 doctoral students admitted fall 1992 and thereafter must file an approved Doctoral Program form with the College Office prior to completion of the 21st postmasters credit hour. Students failing to do so will not be permitted to register.

Advisor's Signature

Date

Department Graduate Director's Signature

Date

Associate Dean's Signature

Date

(Reminder, all candidates must be advanced within 5 years of the original admission date)

College of Education

DOCTORAL PROGRAM

Name _____

UID _____

Department _____

Advisor _____

List all courses you plan to take toward the requirements for the degree being sought. Include coursework completed, coursework in progress, and any proposed coursework. Any coursework applied to the program taken outside of UM should also be listed with the name of the institution where the course was taken.

You may access your unofficial transcript at <http://www.testudo.umd.edu>

Please list coursework in CHRONOLOGICAL ORDER.

SEMESTER	YEAR	COURSE PREFIX, NUMBER, and TITLE	GRADE & NO. OF CREDITS	TOTAL CREDITS
=====	=====	=====	=====	=====

DOCTORAL PROGRAM
Continuation

Name _____

SEMESTER	YEAR	COURSE PREFIX, NUMBER and TITLE	GRADE & NO. OF CREDITS	TOTAL CREDITS
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