

DOCTORAL PLAN OF STUDY	APPROVED hours w	II be considered part of th	e degree requiremest

Dept. and Course #	Course Title (or description)	HRS	Grade*	Part of Masters Yes/No	Transfer (or CPL) Institution & State	Identify program requirement if subbing for a CORE course
					Course # (or description) HRS Grade* Masters	Course # (or description) HRS Grade* Masters Institution & State