GWS PhD Program of Study Form (05.12.15, Check for updated rules.)

Name: ____________________________
Committee Meeting Date: ____________ Prospectus Defense Date: ____________
Date Degree Expected: ______________ Qualifying Exam Date: ____________

Previous MA: ____________________________

REQUIRED COURSES (list title and semester taken)

1. GWS640 ____________ 4. Method/skill course ______
2. GWS650 ______________ 5. GWS Area Seminar ____________
3. GWS630 ______________ 6. GWS Area Seminar ____________

NOTE: Please specify additional area seminars from GWS600 or GWS700 topics courses. If any required course is waived because of previous coursework from an MA program, please note that.

Additional required skill/method/training will be fulfilled by: ____________________________

ADDITIONAL COURSEWORK (list title and semester taken)

7. ____________________________
8. ____________________________
9. ____________________________
10. ____________________________
11. ____________________________
12. ____________________________

Additional Courses recommended by Committee: ____________________________

Reminder: A minimum of 36 pre-qualifying residency hours are required before being eligible for qualifying exams.

For those with a previous MA:
If you are requesting that up to 18 hours of previous MA work be used to satisfy part of the pre-qualifying (36 hours) residency requirement, in a separate sheet please provide a succinct justification for your request (how are these relevant for your doctoral work?) and list the courses you are requesting to be considered. Please attach the request to this form and review it with your Chair/committee before submitting to the DGS.

1. Committee Chair: ____________________________
2. ____________________________
3. ____________________________
4. Outside member name/dept: ____________________________

Additional members if applicable ____________________________

Attach all required progress reports and petitions related to coursework.

Required Signatures:

Student: ____________________________ Date: __________

Committee Chair: ____________________ Date: __________

Director of Graduate Studies: __________ Date: __________