

PhD EdD

D-2 Form



# Plan of Study for the Doctoral Degree Form

The doctoral plan of study must include a minimum of 72 hours of graduate credit from course work taken at MU, transfer credit and research hours (**see sample on reverse side**). Complete this form and submit it to the Graduate School no later than the end of the student's third semester of study. The plan must include a minimum of 15 hours of 8000/9000-level coursework completed at MU exclusive of problems, readings, and research.

Student name: \_\_\_\_\_  
*(Last Name, First Name)*

Mizzou ID number: \_\_\_\_\_ Degree (i.e PhD, EdD,etc.): \_\_\_\_\_

Academic program: \_\_\_\_\_ Major: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_ Emphasis area: \_\_\_\_\_  
*Term (fall, spring, summer) Year (If applicable)*

Program Address: \_\_\_\_\_ Graduate minor: \_\_\_\_\_  
*(If applicable)*

\_\_\_\_\_ Graduate certificate: \_\_\_\_\_  
*(If applicable)*

I understand the approval of this plan of study is conditional and is based on the assumption that I will complete my degree within the time frame required by the Graduate School. In addition, I understand no course on the plan of study should be older than eight years at the time the plan of study is submitted, unless approval has been granted by my academic program and the Graduate School.

\_\_\_\_\_ Student's signature Date

*We, the undersigned, recommend this plan of study and the transfer of credit.*

**Approval signatures**  
(Please sign full name legibly)

_____	_____	_____
Chair	Member	Outside member
_____	_____	_____
Member	Member	Member

\_\_\_\_\_ Adviser's signature Date

\_\_\_\_\_ Director of graduate studies' signature Date \_\_\_\_\_ Dean of the graduate school's signature Date

DO NOT WRITE IN THIS BOX (Office use only) Date copies sent to academic program: \_\_\_\_\_