

INSTRUCTIONS: Complete and send this plan of study to the Graduate College, 205 Gilmore Hall, along with one copy of the student's grade report, current registration, and the Request for Doctoral Comprehensive Examination. When the plan of study has been approved by the Graduate College, a copy will be returned to the department.

Last Name	Fi	st Name		Student Number		
Department	ment Degree Major Degree Objective					
Approved Subtrack (if any)	I			I .		
Graduate Work Completed	or in Prog	ress				
Transfer Graduate Credit	College or University				Semester Hours	
	College of	College or University				
U of I Graduate Hours Earned					Semester Hours	
(Does not include courses numbered under 100 or courses with marks of D, F, U or I)						
Current Registration					Semester Hours	
		Total Gra	duate Cred	it Completed or in	Progress A.	Semester Hours
Reduction of Credit						
Line off courses on the student	r's record a	nd current registration that do	NOT apply	toward this degree	e, and summari	ze below.
Reduction in credit for courses taken more than 10 years before comprehensive examination					Semester Hours	
(Note: Departments must evaluate these Graduate Dean.)	courses and d	etermine allowable credits in each case	e, and report res	ults in a letter to the		
Courses in Irrelevant Fields					Semester Hours	
				Amount of Redu	ced Credit B.	Semester Hours
Total Completed and Currently Registered Graduate Hours To Be Counted Toward Degree (						Semester Hours
Additional Required Course	ework					
Additional courses, seminars		and dissertation hours requ	iired includ	ling all required or	OUISES DOW TO	orded as
(I) Incomplete which must be			anca, moluc	ing an required of	Jui JCJ HOW TE	Joined as
Course ID (e.g.,GRAD:0000:0000)		Course Title			Semester Hours	
						Semester Hours
Total Additional Hours Required D						Semester Hours
		Total Gradu	uate Hours	in Doctoral Plar	of Study E.	Semester Hours
Advisor's Signature	Date	Department Executive's Sign	nature Da	ate Graduate Dean	's Signature	Date