

Advisor's Signature

Date

## **Doctoral Plan of Study Summary Sheet**

## **Graduate College**

Academic Affairs Office University of Iowa 205 Gilmore Hall Iowa City, Iowa 52242-1320 319-335-2144

grad.uiowa.edu

INSTRUCTIONS: Complete this form, obtain advisor and departmental signatures, and save as PDF. Departments/

Graduate Student Information	reviewed plans of study via MAUI Ac on	-		
Last Name	First Name	Student Number	Student Number	
Program	Degree Objective			
Approved Sub Program (if any)		Semester Hours required	Semester Hours required for degree	
Graduate Work Completed o			T-2	7
Transfer Graduate Credit	College or University		Semester Hours	
	College or University		Semester Hours	1
U of I Graduate Hours Earned (You will find this at the end of the grade report as "Hrs Earned", NOT in the UI Cum "Hours and Points Summary")			Semester Hours	-
Current Registration				1
	Total	Graduate Credit Completed or in	Progress A.	Semester H
Deduction of Credit				1
Reduction of Credit	-t	W4 d- NOT		l1
		that do NOT apply toward this degre	Semester Hours	
Reduction in credit for courses taken more than 10 years before comprehensive examination (Note: Departments must evaluate these courses and determine allowable credits in each case and report results in a letter to the Graduate Dean.)				
Courses in Irrelevant Fields				•
		Amount of Redu	ced Credit B.	Semester F
Total Completed and Currently Registered Graduate Hours to be Counted Toward D				Semester F
Additional Required Course	work			
Additional courses, seminars, as Incomplete (I), which must		required, including all required co	ourses now re	corded
Course Number	Course Title		Semester Hours	
		Total Additional Hours	Required D	Semester H
		i otal / Idalional i Iouio	. toquilou D.	Semester I
	T-4-1 A	maderata Harrisa III Dantanal Diam	- f O4d	OCHIESIEI I

Department Executive's Signature

Total Graduate Hours in Doctoral Plan of Study E.

Date Graduate Dean's Signature

Date