

Preliminary Doctoral Program of Study

The University of Georgia Graduate School
210 S. Jackson St., Athens, GA 30602

This form is for Departmental Use only - Do Not Submit to the Graduate School

Name CAN # (810)

Address Degree

Major Minor

Relevant Master's or Other Graduate Degree Courses

| Course # | Hours |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Doctoral Courses

Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											

Research Skills Requirement (if applicable)

Departmental Requirements

Doctoral Advisory Committee: (Please sign and date) (Chair)

Graduate Coordinator Date