



DOCTORAL PROGRAM CHECKLIST

STUDENT NAME _____ ID NO. _____
Last First

PROGRAM NAME _____

DATE COMPLETED	REQUIREMENT
y _____ †	Admitted to doctoral study (Policy 2.1)
_____ †	Diagnostic/qualifying exam (if any – department requirement, not graduate policy)
_____ †	Program of study submitted during 1st or 2nd term (Policy 2.2.1). Submit required Permission to Take Undergraduate Course form prior to
ttttttttttSFHJTUFSJOH GPS FBDI MFWFM DPVSTF PO QSPHSBN PG TUVEZ 1PMJDZ JUFN	
_____ †	Coursework completed (Policy 2.2.2)
_____ †	%PDUPSBM DPNNJUUUFF FTUBCMJTIFE BOE BQQSPWFE JO XSJUJOH CZ NBKPS BEWJTF
ttttttttttM BUFS UIBO EBZT QSJPS UP DPNQSFIFOTJWF FYBN 1PMJDZ	
_____ †	\$PNQSFIFOTJWF FYBN BTL BEWJTPTS JG ZPVS FYBN XJMM CF XSJUUF0 PSBM PS CP
tttttttttt	4FF BMTP ZFBS 4UBUVUF PG -JNJUBUJPOT 1PMJDZ
_____ †	8SJUUFO DPNQSFIFOTJWF TVCNJU BOZ QBQFSXPSL SFRVJSFE CZ ZPVS QSPHSBN r E
_____ †	0SBM DPNQSFIFOTJWF BOOPVODFNFOU EFMJWFSFE UP 0(1 OP M BUFS UIBO UXP XFFL
ttttttttttBOE	NVTU CF IFME BBJO 1PMJDZ