# TEXAS WOMAN'S UNIVERSITY-GRADUATE SCHOOL
# DOCTORAL DEGREE PLAN

| **Name**: | **ID #:** |
|---|---|

| **Mailing Address:** | **City:** | **State:** | **Zip Code:** |
|---|---|---|---|

| **Telephone:** | **Work/Cell:** | **Email:** |
|---|---|---|

| **Master's Degree Held:** | **Major:** | **Date Conferred:** |
|---|---|---|

| **Institution Conferring Degree:** |
|---|

| **Semester Admitted to Graduate School:** |
|---|

**Doctoral Degree to be earned:**

| **Ph.D.** ☐ | **Ed.D.** ☐ | **Major:** | **Minor (if any)** |
|---|---|---|---|

**RESEARCH TOOLS:** List courses or examination for each tool

| Tool #1: | | | Tool #2 | | |
|---|---|---|---|---|---|
| | | | | | |
| Course I | Date Completed | Grade | Course I | Date Completed | Grade |
| | | | | | |
| Course II | Date Completed | Grade | Course II | Date Completed | Grade |
| | | | | | |
| Course III | Date Completed | Grade | Course III | Date Completed | Grade |
| | | | | | |
| Course IV | Date Completed | Grade | Course IV | Date Completed | Grade |

| Competency | Competency |
|---|---|
| Examination--Date Passed | Examination--Date Passed |

**RESIDENCE REQUIRED:** ☐ **YES** ☐ **NO**

| |
|---|
| Date: Completed or Tentative Dates for Completion |

**SUMMARY OF CREDITS PROPOSED FOR THE DOCTORAL PROGRAM:**

| | | | |
|---|---|---|---|
| MAJOR FIELD: | Semester Hours at TWU _____ | + Semester Hours Elsewhere _____ | = TOTAL _____ |
| MINOR FIELD: | Semester Hours at TWU _____ | + Semester Hours Elsewhere _____ | = TOTAL _____ |
| ALLIED FIELD, *if applicable*: | Semester Hours at TWU _____ | + Semester Hours Elsewhere _____ | = TOTAL _____ |
| **GRAND TOTALS:** | Semester Hours at TWU _____ | + Semester Hours Elsewhere _____ | = TOTAL _____ |

**TENTATIVE PROGRAM APPROVED (Original Signatures Required):**

| | |
|---|---|
| Committee Chair: | Date: |
| Member: | Date: |
| Member: | Date: |
| Member: | Date: |
| Member: | Date: |
| Chair/Director/Associate Dean: | Date: |
| Dean of the Graduate School: | Date: |
| Required Completion Date | |

**COURSES AT TWU***
**(Attach Pages as Needed)**

## A. Major Area

| Course Number | Course Title | Semester Hours | Date Completed | Grade |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**TRANSFERRED COURSES**
**(Attach Pages as Needed)**

## A. Major Area

| Institution Name | Course Number | Course Title | Semester Hours | Date Completed | Grade |
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| **TOTAL HOURS IN MAJOR AREA TRANSFERRED:** | | | | | |

## B. Minor or Related Area

| Institution Name | Course Number | Course Title | Semester Hours | Date Completed | Grade |
|---|---|---|---|---|---|
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| **TOTAL HOURS IN MINOR OR RELATED AREA TRANSFERRED:** | | | | | |

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.