



RETURN TO: College of Graduate Studies, Respective Campus	
Main Campus 3240 University Hall Mail Stop 933	Health Science Campus Mulford Library Room 117 Mail Stop 1042
<input type="checkbox"/> Original Submission	
<input type="checkbox"/> Amended Date: _____	

Plan of Study for the Doctoral Degree

Description: The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards the doctoral degree must be earned within seven years immediately preceding the time the degree is awarded (combined M.D./Ph.D. program limit is ten years).

Instructions:

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Doctoral degree requirements.
2. Under "Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, an "amended Plan of Study" or "Plan of Study Course Substitution" form may be used.

Last Name: _____				First Name: _____		MI: _____	
Rocket ID: _____				First Semester Enrolled (term/year): _____			
College: _____		Degree: _____		Major: _____			
Time Limitation for Degree (term/year): _____				Expected Graduation (term/year): _____			
Academic Background:							
_____		_____		_____		_____	
Degree		Date		Institution		Major	
_____		_____		_____		_____	
Degree		Date		Institution		Major	
List all graduate courses required for the degree							
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only		

