



- Email GCACademic Svcs@utoledo.edu or
- University Hall 3240, Mail Stop 933 or
- Mulford Library 113, Mail Stop 1042

Original Date: _____

Amended Date: _____

Fillable PDF. Digital signatures and email submission strongly preferred. Illegible and incomplete forms will be returned.

Plan of Study for the Doctoral Degree

Purpose of the Plan of Study Form

- To serve as a planning and advising tool between the student and advisor that
 - Defines the course of study, providing focus and direction to the graduate program in alignment with the catalog and timely degree completion.
 - Constitutes an agreement that successful completion of proposed and approved course of study and any other general certificate requirements will result in the awarding of the certificate.

Policies and Permissions

- All students earning a doctoral degree must file an approved Plan of Study [POS] with the College of Graduate Studies prior to the completion of 12 credit hours.
- It is the student's responsibility to notify the College of Graduate Studies of any changes to an approved POS. Such changes should be requested on a [Plan of Study Course Substitution form](#) or an amended Plan of Study. Changes involving term of registration e.g. taking a course in a different semester or year are exempted.
- All changes require the signatures of the advisor, chair or program director, and associate dean of college.
- According to university policy, all credit applied toward the doctoral degree must have been earned within the period of seven [7] years immediately preceding the time the certificate is awarded. [10 years for MD/PhD degree]
- **According to university policy, any courses earning a "U" or below a "C" cannot remain on the Plan of Study or be applied towards degree fulfillment.**

Instructions for Completion

- List all credits earned or to be earned that you would like to apply toward fulfillment of the doctoral degree, following the [catalog requirements](#) for the year of your matriculation. **Document any deviation from catalog requirements on the last page of this form.**
- Enter department and course number under 'Course Alphanumeric Code.' Enter the course title in the second column. Enter term and grade information as appropriate. Enter number of credits in the 'Credit' column for each course.
- Obtain all required signatures and submit to the College of Graduate Studies for final approval.

Student Information

ROCKET ID _____ FULL NAME [First and last] _____

COLLEGE _____ DEGREE _____ PROGRAM _____

FIRST SEMESTER [term/year] _____ EXPECTED GRADUATION [term/year] _____ TIME LIMITATION TO DEGREE [7 years from first term] [term/year] _____

ACADEMIC BACKGROUND

Degree _____ Date _____ Institution _____ Program _____

Degree _____ Date _____ Institution _____ Program _____

LIST ALL GRADUATE COURSES REQUIRED FOR THE DEGREE

COURSE ALPHANUMERIC CODE	COURSE TITLE	TERM	GRADE	CREDITS	GRADUATE COLLEGE USE ONLY

LIST ALL GRADUATE COURSES REQUIRED FOR THE DEGREE					
COURSE ALPHANUMERIC CODE	COURSE TITLE	TERM	GRADE	# OF CREDITS	GRADUATE COLLEGE USE ONLY
PROGRAM TOTAL					

CHECK OR LIST ADDITIONAL DEGREE PROGRAM REQUIREMENTS			
Additional Requirement [can enter details as needed]	N/A	Confirmation to COGS	Confirm internally
EXAM (Qualifying or Comprehensive)			
TEACHING			
INTERNSHIP, PRACTICUM, FIELD EXPERIENCE			
FOREIGN LANGUAGE			
CONFERENCE PRESENTATION			
PUBLICATION			
OTHER:			

PROVIDE ALL DOCUMENTATION REGARDING WAIVERS, COURSE SUBSTITUTIONS AND TRANSFER CREDITS

LIST WAIVED COURSES WITH THE REASON FOR WAIVER [e.g. satisfied during undergraduate study]

LIST ALL COURSEWORK WHICH WILL BE SATISFIED WITH SUBSTITUTIONS [must be equivalent credit hours/levels: 5000 ≠ 7000]

LIST ALL COURSEWORK WHICH WILL BE SATISFIED BY TRANSFER CREDITS [completion of the [Transfer Credit Request form](#) for each institution from which transfer credit is being sought is required. Refer to [policy on Transfer Credit](#) on the COGS website.]

Student Signature and Academic College Approvals

STUDENT _____ SIGNATURE _____ DATE _____

ADVISOR _____ SIGNATURE _____ DATE _____

CHAIR/
DIRECTOR _____ SIGNATURE _____ DATE _____

ASSOCIATE DEAN OF
ACADEMIC COLLEGE _____ SIGNATURE _____ DATE _____

COLLEGE OF GRADUATE STUDIES USE ONLY

RECEIVED & REVIEWED _____ DATE _____ INCOMPLETE & RETURNED DATE _____

DEAN OR ASSOC. DEAN
GRADUATE COLLEGE _____ SIGNATURE _____ DATE _____