 Plan of Study for the Doctoral Degree

|  |  |
| --- | --- |
| Student name: | Click here to enter text. |
|  | ( *Last Name, First Name)* |
| Mizzou ID number: | Click here to enter text. |
| Degree (i.e PhD, EdD,etc.): | Choose an item. |
| Major: | Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***I. Please apply the following graduate-level transfer courses toward the MU credit-hour requirement:*** | | | | | | |
| **Course No.** | **Course Title** | | **Credits** | **Grade** | **Institution** | |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Total transfer credits:** | | | Click here to enter text. |  |  | |
|  | |  | |  |  | |
| ***II. Courses completed at MU:*** | | | | | | |
| **Course No.** | **Course Title** | | **Credits** | **Grade** | **Institution** | |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Total hours completed at MU:** | | | Click here to enter text. |  |  | |
|  | |  | |  |  | |
| ***III. Courses to be completed at MU:*** | | | | | | |
| **Course No.** | **Course Title** | | **Credits** | **Grade** | | **Institution** |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| **Total Hours to be Completed at MU:** | | | Click here to enter text. |  | |  |
| **Total Hours in Doctoral Plan of Study:** | | | Click here to enter text. |  | |  |

09/09