Copies to: Dean  
Department  
Guidance Committee  
Student



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| REPORT OF THE GUIDANCE COMMITTEE – DOCTORAL AND OTHER PROGRAMS |

See the catalog (Academic Programs) regarding composition of guidance committee and deadlines for its formation and for filing this report listing all degree requirements.

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|  | | | | | |  | Ph.D. |  | D.M.A |
| Name |  |  |  | Student No. |  |  | Ed.D |  | Ed.S. |

Last First Middle

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| --- | --- | --- | --- | --- | --- | --- |
| First Semester in Doctoral Program |  |  | Dept. |  | Major |  |

Semester Year

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bachelor of |  |  |  |  | Master of |  |  |  |  |

Institution Year Major Institution Year Major

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| --- | --- | --- | --- | --- |
| Tentative Dissertation Subject | |  | | |
| Director |  | | Languages or Course Substitutes |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will the student's research involve the use of:  human subjects or human materials?  Yes  No  warm-blooded animals?  Yes  No  or hazardous substances?  Yes  No | | | | | I understand it is necessary to obtain institutional review and approval prior to initiating any research involving the use of human or animal subjects or hazardous materials.  (STUDENT'S SIGNATURE) Mo/Day/Yr | | | | |
| **DOCTORAL PROGRAM** | | | | | | | | | |
| PLEASE PRINT OR TYPE AND CLUSTER BY FIELD | | | | | | | | | |
| **Dept.** | **Course No.** | **Semester** | **Title** | **No. CR** | **Dept.** | **Course No.** | **Semester** | **Title** | **No. CR** |
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**Approved**:

*(Please TYPE guidance committee members' names BELOW signatures)*

1.

     , Chairperson Mo/Day/Yr

2.

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4.

5.

6.

**Course Credits** *(in addition to at least 24 credits of 999)*

Comprehensive examination areas:

The candidate expects to pass the Comprehensive Examination by

      Semester,      (Year).

Student Mo/Day/Yr

Department Chairperson Mo/Day/Yr

College Dean Mo/Day/Yr