

PH.D. STUDENT PROGRAM AND RECORD

Student Name _____ Date _____ Advisor _____

DEPT.	COURSE NUMBER	COURSE TITLE	HOURS	INSTRUCTOR	SEMESTER	GRADE
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Deficiencies:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Required Courses:

Geog 714	Field Experience		3	_____	_____	_____
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First Specialty: _____

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Second Specialty: (Optional) _____

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Language/Skill Options:

	Skill	Course(s)	Date Completed
1.	_____	_____	_____
2.	_____	_____	_____

Tentative Plans for the Comprehensive Exam and Dissertation:

Exam Date: _____ Dissertation Title: _____

Committee: _____ Readers: _____

Advisor's Approval: _____ Date: _____

GSC Approval: _____ Date: _____