Western Michigan University
Office of the Registrar

1903 W. Michigan Avenue
Kalamazoo, MI 49008-5256
(269) 387-4300
wmich.edu/registrar

Doctoral Program of Study

Last Name:		First Name:		M. I.		WIN:			
Address:		Apt.		City:		State:		Postal Code:	
Email Address:						Phone:			
Department:									
Program of Study:									

Required Courses

Course No.	Course Name	Hours	Grade	Semester/Year	Institution

Master/Transfer Courses

Course No.	Course Name	Hours	Grade	Semester/Year	Institution

Research

Coure No.	Course Name	Hours	Grade	Semester/Year	Institution

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Student Name:		WIN:	

Elective Courses					
Course No.	Course Name	Hours	Grade	Semester/Year	Institution

Dissertation Hours					
Course No.	Course Name	Hours	Grade	Semester/Year	Institution
Total Credit Hours:					

Identity Research Tools:

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Student Name:		WIN:	

List Exams Scheduled/Passed			
Exam Nam	Scheduled	Passed	Comments

Other Requirements (foreign language(s), DGEs, prelims, etc.)

Required Signatures:

Student: Date:

Program Advisor: Date:

Department Chair: Date:

Copies to: Graduation Auditing Student Advisor(s) Department

Print