



WESTERN MICHIGAN UNIVERSITY  
 Office of the Registrar  
 1903 W. Michigan Avenue  
 Kalamazoo, MI 49008-5256  
 wmich.edu/registrar

# Doctoral Program of Study

Last Name:	First Name:	M.I.:	WIN:
Address:	Apt.:	City:	State:
Email Address:	Phone:		Postal Code:
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**

Course No.	Course Name	Hours	Grade	Semester/Year	Institution

**Electives**

Course No.	Course Name	Hours	Grade	Semester/Year	Institution

**Dissertation Hours**

Course No.	Course Name	Hours	Grade	Semester/Year	Institution

<b>Total Credit Hours:</b>		Continue to page 2
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Student Name:		WIN:	
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**Identity Research Tools:**

**List Exams Scheduled/Passed**

Exam Name	Scheduled	Passed	Comments

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

**Required Signatures:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to:      Graduation Auditing      Student      Advisors      Department