|  |  |
| --- | --- |
|  | Doctor of PhilosophyDegree Plan |

**Name:**

**EMPL ID:**

**Discipline:**

*Responsibility for reading catalog requirements and for knowing when the program has been completed rests entirely upon the student. Application for graduation must be filed in the Graduate School of Biomedical Sciences before the deadline date in force during your final semester. See the current academic calendar for the deadline date.*

**Tentative Program Approval:**

*(Signatures required; insert name underneath signature line)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Major Professor*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Committee Member*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Committee Member*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Committee Member*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Committee Member (Optional)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Graduate Advisor*

GSBS Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Date*

####

#### **Advanced Degree Information**

Do you hold a Master’s degree? [ ] Yes [ ] No

*If you checked yes, please answer the following:*

Institution:

Date Awarded:

Major:

## Summary *of* Credits Proposed *for the* Doctor *of* Philosophy Program

      **Semester hours at UNTHSC**       **Semester hours elsewhere**

**Courses for Doctor of Philosophy Degree**

|  |
| --- |
| **Approved courses from other institutions**: *(Include name of institution in parentheses after course title. Attach a copy of the course description from the catalog in effect at the time you completed the course or the course syllabus. It is not necessary for students holding a master’s degree in a relevant area to list courses. Advanced standing for 30 SCH is automatically awarded. )* |
| ***Dept*** | ***Course******Number*** | ***Title*** | ***SCH*** | ***Semester******to be Completed*** |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |
|       |       |        |       |       |

|  |
| --- |
| **Courses from UNT Health Science Center:** *(Please skip one line between semesters)* |
| ***Dept*** | ***Course******Number*** | ***Title*** | ***SCH*** | ***Semester******to be******Completed*** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Courses from UNT Health Science Center:** *(Please skip one line between semesters)* |
| ***Dept*** | ***Course******Number*** | ***Title*** | ***SCH*** | ***Semester******to be******Completed*** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |