	D. Ed.D.	M. Phil.	Or Professional Doctorate	rate Degree	
			Please specify		
ull legal nameLast			UofU ID#		
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resent addressStreet	City	State	Telephone		
ermanent address (if different)					
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egree(s) previously received(B.S.,	, M.S., etc.)	Institution		(year)	
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nis degree is expected to be completed at	tne end of		semester, 20 _		
oposed title of dissertation or non-dissert	tation project (if p	permitted):			
r Ed.D. only, Auxiliary Disciplines: 1		2	Ed.D. Minor_		
nguage Requirement  The Language requirement will be Languages 1.	Sta	ndard Proficiency	Advanced Proficiency		
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List chronologically only those courses that apply toward the proposed degree. Course work and thesis research hours should be projected through the intended date of completion.

Background and/or undergraduate courses required for qualification as a graduate student in the major subject normally do not toward the degree. Likewise, courses taken toward a professional degree normally do not count toward a M.Phil. or Ph.D. degree.

After all required department signatures are obtained, please return the form to the Graduate Student Coordinator.

Institution	When	Department and Course	Course Title	Major	Qtr/Se	Grade
	Registered	and Course No.		Or Allied	m Hours	
U of XXXXXXXX	Sem, 1999	ACCTG-	Example Course Title	Major	3	A
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