DPOS

USC Doctoral Degree Program of Study

This form should be filled out on your computer, then saved with a new file name to your local disk. Next, print the form and obtain the necessary signatures.

Name: Last Name | First Name | Middle Name **USCID:**

Address: Street | Apt, if any | City | State | Zip Code

Degree: **Major:** **Track :**

Doctoral Residency Course Work:
(18 hours within 3 major semesters taken after admission to the doctoral program.)

Term	Year	Course Numbers

Admitted to Doctoral Candidacy:

Advisory Committee Approved:**

Foreign Languages required:

1. Date Completed

2. Date Completed

PROGRAM OF COURSES

In the spaces provided below, list all courses for which approval is requested in the doctoral program, including dissertation courses. Example: ENGL 751 Amer. Novel in 20th Cent. This program must include at least 18 semester hours, other than 899, which are not used on any other degree program. Do not list courses not specifically required for this student's doctoral program. Note that any course on this program which exceeds the 10 year limit before the degree is awarded must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken

Approved

Student Signature Date:

Graduate Director of School or Dept Date:

Major Professor/Chair of Adv Committee Date:

Dean of Graduate Studies Date:

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Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken

****** BOTH PAGES MUST BE SIGNED IF COURSEWORK EXTENDS TO SECOND PAGE *******

Approved

Student Signature _____ Date: _____

Graduate Director of School or Dept _____ Date: _____

Major Professor/Chair of Adv Committee _____ Date: _____

Dean of Graduate Studies _____ Date: _____

Print Form