# 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 |
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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 |
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**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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****** 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