

**GRADUATE PROGRAM IN SCIENCE AND TECHNOLOGY STUDIES - PH.D.
PLAN OF STUDY**

Name of Student _____
Date

Courses completed (18 credits)

Supervisor *(Deadline: March 15 PhD I)* _____
Supervisor's Confirmation
(Supervisor's signature and date) _____

Comprehensive Supervisory Committee _____
(Deadline: May 15 PhD I)
Supervisor's Confirmation
(Supervisor's signature and date) _____

Comprehensive Exam Reading Lists
Date of submission _____
(Deadline: Six months prior to exam)
Planned date for exam _____

List Approved by Supervisory Committee _____
(Supervisor's signature and date)

Graduate Program Director Representative _____

Tentative Thesis Topic _____

Dissertation Supervisory Committee _____

Signature of Graduate Program Director and Date _____