 Plan of Study for the Doctoral Degree

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| --- | --- |
| Student name: | Click here to enter text. |
|  |  ( *Last Name, First Name)* |
| Mizzou ID number:  | Click here to enter text.  |
| Degree (i.e PhD, EdD,etc.):  | Choose an item. |
| Major:  | Click here to enter text. |

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| ***I. Please apply the following graduate-level transfer courses toward the MU credit-hour requirement:***  |
| **Course No.** | **Course Title** | **Credits** | **Grade** | **Institution** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total transfer credits:**  | Click here to enter text. |  |  |
|  |  |  |  |
| ***II. Courses completed at MU:*** |
| **Course No.**  | **Course Title** | **Credits** | **Grade** | **Institution**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total hours completed at MU:** | Click here to enter text. |  |  |
|  |  |  |  |
| ***III. Courses to be completed at MU:***  |
| **Course No.** | **Course Title** | **Credits** | **Grade** | **Institution**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Hours to be Completed at MU:** | Click here to enter text. |  |  |
| **Total Hours in Doctoral Plan of Study:** | Click here to enter text. |  |  |

09/09