

**Office of Graduate Studies
The University of Texas at Austin
Austin, TX 78712**

Date: _____

Program of Work for Doctoral Degree

Degree Sought: Ph.D.

Name	Last	First	Middle	UT EID
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Previous Degree(s) and Date(s) Awarded	Date Qualifying Exam(s) Passed
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Foreign Language(s) if Required

Approximate Title of Dissertation

MAJOR: _____

Semester/Yr.	Unique #	Course	Course Description	Professor	Institution	Grade/Status
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List Major work below:

(See back to list Supporting work)

List Supporting work below:

Semester/Yr.	Unique #	Course	Course Description	Professor	Institution	Grade/Status
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AUTHORIZATION OF PROGRAM: RESEARCH SUPERVISOR

The Dissertation Committee has reviewed and approved the Program of Work which has been proposed. I certify that this Program of Work meets all of the requirements established by the Graduate Studies Committee and the Graduate School. The student has also passed all of the examinations and met all of the conditions required by the program for admission to candidacy. All of the courses listed in the program of work were taken within the past six years, and the student's coursework is sufficient in academic breadth/depth and has adequately prepared the candidate to complete the dissertation.

Name of Research Supervisor (Print)

Signature of Research Supervisor

AUTHORIZATION OF PROGRAM; GRADUATE STUDIES COMMITTEE

The Graduate Studies Committee has reviewed and approved the Program of Work which has been proposed. We recommend admission to candidacy for the doctoral degree

Signature of Chair of Graduate Studies Committee