

DOCTORAL PROGRAM OF STUDIES

Submit one copy to the Graduate Studies Office for approval by the Director of Graduate Studies. Your Doctoral Supervisory Committee must be formally approved by the Department on the appropriate form with or prior to this submission.

NAME: _____ DATE: _____

YEAR of ENTRY to the GRADUATE PROGRAM: _____

PROGRAM AREA: _____ MAJOR PROFESSOR: _____

Please indicate the departmental Graduate Study guidelines that apply to you:
___ Guidelines in Effect at Time of Your Admission to FSU
___ Guidelines Currently in Effect (if they differ from those in effect when you entered)

PREVIOUS GRADUATE DEGREES

Type of Degree	
Institution	
Date Conferred	
Major or Field	

I. PRELIMINARY EXAMINATION (check one):

- ___ Option One (Written Exam)
- ___ Option Two (Critical Review Paper)

II. GRADUATE COURSES COMPLETED AT FSU (if a required course has been taken elsewhere and waived by the FSU instructor, list the course, write “waived” under Term & Year, and attach a memo showing approval of the waiver by the instructor of the course)

A. DEPARTMENTAL REQUIRED COURSES (2 core courses are required except for students receiving a PhD in Neuroscience)

Course Number	Title	Sem. Hrs.	- Grade	Term & Year
-	-	-	-	-
-	-	-	-	-

B. PROGRAM AREA REQUIRED COURSES (psychology and non-psychology courses)

1. May also meet departmental requirements in Section A
2. Include all formal courses. Exclude DIS, Supervised Research, Thesis, etc.
3. Indicate titles of all seminars
4. Include required courses that you plan to take

Course Number	Title	Sem. Hrs.	Grade	Term & Year
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C. ELECTIVE COURSES

Course Number	Title	Sem. Hrs.	Grade	Term & Year
			-	
			-	
			-	
			-	
			-	

Note: Complete and attach the Curriculum Checklist for your program area.

APPROVAL SIGNATURES

Doctoral Supervisory Committee

Major Professor

(Print Name)

Representative
at large

(Print Name)

Other Members

(Print Name)

(Print Name)

(Print Name)

(Print Name)

(Print Name)

Director of Graduate Studies

(signature)

(date)