



Authorization of Degree Program – Doctoral Doctor of Philosophy (Ph.D.) in Clinical Psychology

This form is not approved until all signatures have been obtained.
Submit to the College of Graduate Studies at the address below.

Name: _____ Student ID#: _____

Local address: _____

Contact Information: _____
Email Phone

Degree : Doctor of Philosophy (Ph.D.) in Clinical Psychology

Graduate Program Content

Doctoral Degrees:

- 50 of the total 90 credit hours in coursework at the 600-level or higher
- 15 of the last 30 credit hours in coursework at the 700-level or higher

REQUIRED CREDIT HOURS (course #/credit hours)	ELECTIVE CREDIT HOURS	TRANSFER CREDITS* (institution/course #/credit hours)
GRAND TOTAL HOURS:		

* Graduate transfer credit guidelines are outlined in the *Graduate Bulletin*. A *Graduate Transfer Credit Request* form must be completed and approved by the advisor and the College of Graduate Studies before transfer credit is accepted. Transfer credit cannot be extended (see Extension of Time guidelines).

Plan Requirements: Dissertation Oral Exam over: Dissertation

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date

Program Director: _____
Signature Print Name Date

Distribution: Upload to ImageNow, Student, Advisor (07/14)