

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

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: _____
City
State/Country
Zip/Postal Code

Contact Information: _____
Email
Phone

Graduate Program Content

- **Doctoral Degree:** 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	ELECTIVE CREDIT HOURS	TRANSFER CREDITS*
<p><i>*PSY 767, PSY 890-891, PSY 898-899, and PSY 990-991 must be completed while a student at CMU.</i></p>	6 credit hours	<div style="border-top: 1px solid black; height: 100px;"></div>
		<p>Masters Degree:</p> <p>Year:</p> <p>Cr. Hrs:</p>
		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).

Additional Requirements: **Comprehensive Exam** **Dissertation** **Oral Exam over Dissertation**

Student: _____
Signature
Print Name
Date

Advisor: _____
Signature
Print Name
Date

Program Director: _____
Signature
Print Name
Date