

## **Authorization of Degree Program - Doctoral**

This form is not approved until all signatures have been obtained.

Name:			Student ID#:	
Local address:_				
Contact Information:  Email			Phone	
<b>Degree</b> : Ph.D	o. in Industrial/Org	ganizational Psychology, OHP		
Doctoral Degree  50 of the to	otal 90 credit hours	in coursework at the 600-level or high n coursework at the 700-level or high		
	CREDIT HOURS	ELECTIVE CREDIT HOURS (course #/credit hours)		SFER CREDITS* (course #/credit hours)
			MA from:	
			Year:	Credit hrs:
* Graduate transfe and approved by t Extension of Time	the advisor and the Colle	outlined in the <i>Graduate Bulletin</i> . A <i>Graduate</i> ege of Graduate Studies before transfer credit is	Transfer Credit Re	quest form must be completed r credit cannot be extended (see
Check one:	Plan Requirements: Oral Exam over: Dissertation  Doctoral Project Comprehensive Exam over Area of Specialization			
Student:	Signature	Print Name		Date
Advisor:	Signature	Print Name		Date
Program Direct	tor:Signature	Print Name		Date
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