

The Ohio State University
College of Education
SCHOOL OF TEACHING AND LEARNING

Ph.D. PROGRAM SHEET

This form should be filed in the Office of Academic Services, 227 Arps Hall, after your program has been approved by your advisory committee.

Name _____ SSN _____

Section _____ Specialization _____

Master Degree received from _____

Quarter/Year admitted to program _____

Residency Requirement: (List three of four consecutive quarters with a minimum of 10 graduate credit hours per quarter completed at OSU.)

Research Methodology: _____

Multicultural Education: _____

List remaining approved coursework on the back of this form. List all courses by title, number, and credit hours; use additional sheets if necessary.

Student Signature

Faculty Adviser Signature

Date Submitted

Committee Member Signature

Committee Member Signature

Committee Member Signature

Name _____ Adviser _____

Section _____ Specialization _____

Department/Course Number Course Title Credit Hours