



original revision No. ____

(Department)

Worcester Polytechnic Institute

Plan of Study – Doctoral Program

This form is to be completed and submitted to the academic department office before the end of the first semester of study. Updates to the form require the advisor’s signature. The original plan of study and all revisions need to be kept on file in the WPI Registrar’s Office. PLEASE BE SURE TO CHECK THE APPROPRIATE BOX AT THE TOP OF THIS FORM. If this is a revision, be sure to note each revision by number. Advisors must sign and date approval of each revision.

Student Information

<i>Last name</i>	<i>first name</i>	<i>middle initial</i>	<i>student ID number</i>	<i>month & year of first semester of study</i>
<i>Local address+ city +state + zip</i>		<i>e-mail</i>	<i>home phone number</i>	
<i>Major</i>	<i>specialization</i>		<i>major advisor’s name</i>	

Please list all bachelor, master and professional level degrees earned

Name of institution	Degree earned	Major field of study	Year earned
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Credits Accepted from Other Universities

Graduate credit may be accepted from other universities, which accounts for no more than 1/3 of the doctoral program (30 of the 90) credits. Please list all course work accepted towards the doctoral degree.

Course No.	Course Title	Semester/Year	Credit	Grade

A qualifying exam must be administered within the first 18 credits of the doctoral program.

Date of exam _____ Administered by _____
day/month/year *print faculty member’s name* *faculty member’s signature*

Pass ____ Fail ____ Comments _____

First page Ph.D Plan of Study approval: Advisor _____ Date _____ Approve ___ Disapprove ___

