**DOCTOR OF EDUCATION DEGREE COURSE OF STUDY**

University of Washington College of Education

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| Student’s Name: | Student #: | Broad area & study option: | |
| Address: | E-mail: | | Daytime phone: |

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| **Course Prefix**  **and Number** | **Course Title** | **Credits** | **Grade** | **Qtr./Yr.**  **Taken** | **Total Credits** |

**Educational Specialization (24 credits):**

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**Related fields (in and outside of Education 24-42 credits):**

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**Leadership Training (9 credits):**

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**Internships & field experiences (9 credits):**

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**Research/Evaluation Preparation (9 credits):**

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**Dissertation (27 credits):**

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|  |  |  | **Grand Total Credits** | | | | | | |  |

**Signatures**

|  |  |
| --- | --- |
| Student | Date |
| Faculty Adviser | Date |

Please adjust your printer so this form prints on just one page, legal or letter size.

After getting signatures, student gives the original to 206 Miller, a copy to faculty adviser and keeps a copy.