**DOCTOR OF PHILOSOPHY DEGREE COURSE OF STUDY**

University of Washington College of Education

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| Student’s Name: | Student #: | Broad Area: | |
| Address: | E-mail: | | Daytime Phone: |

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

**Area of Specialization in Education:**

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**First Cognate:**

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**Second Cognate:**

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**Specialization Outside of Education:**

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**Research Preparation:**

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**Dissertation (27 credits):**

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

**Signatures**

|  |  |
| --- | --- |
| Student | Date |
| Faculty Advisor | Date |

Please adjust your printer so this document prints on one page, legal or letter-sized.

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