

Syracuse University - School of Education

Informal Doctoral Program Plan

Name: _____ SUID: _____

Program of Study: _____ Check One: Ed.D Ph.D

Mailing Address: _____

Phone: _____ E-mail: _____

What is your purpose in pursuing the Ph.D or Ed.D degree? Why have you chosen this degree in preference to the other? (*Attach written response*)

How many SU credit hours do you intend to take? _____

How many, if any, credits do you intend to transfer from another institution? _____

When do you anticipate taking EDU 781? _____

How and when will you fulfill your research requirements?

When will you do your preliminary review? _____

When will you do your research apprenticeship or practicum field experience requirements?

When will you take your qualifying exams? _____

How many credits do you intend to use for your dissertation (9-24)? _____

How many credits do you intend to have in your total program? _____

Student's signature _____ Date _____

Advisor's signature _____ Date _____

Dean's signature _____ Date _____

Note: File this Informal Program Plan with the Office of Academic and Student Services, 111 Waverly Ave, Suite 230. A copy will be provided to you and your advisor.