# Program of Study Form

*Submitted in Partial Fulfillment of First Year Qualifying Requirements*

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Date: ______________</th>
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<tbody>
<tr>
<td>Date of initial matriculation in Ph.D. program (month and year)</td>
<td>______</td>
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<tr>
<td>Anticipated date of graduation (month and year)</td>
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1. **Core courses and term in which completed or to be completed**
   - INF 720 Information and Organizations ________
   - INF 721 Information and Society ________
   - INF 722 Information Organization ________
   - INF 723 Information and Computing ________
   - INF 724 Information Policy ________

2. **Area of Primary Specialization**
   - Decision and Policy Sciences (DAPS)
   - Geographic Information Science (GIS)
   - Information Assurance (IA)
   - Information, Government, and Democratic Society (IGDS)
   - Information in Organizational Environments (IOE)
   - Knowledge Organization and Management (KOM)

3. **Area of Secondary Specialization**
   - Decision and Policy Sciences (DAPS)
   - Geographic Information Science (GIS)
   - Information Assurance (IA)
   - Information, Government, and Democratic Society (IGDS)
   - Information in Organizational Environments (IOE)
   - Knowledge Organization and Management (KOM)
   - Self-designed ____________________________________

4. **Total number of graduate credits to be completed in program**

5. **Comprehensive Exam Requirements (proposed dates)**
   - a) Faculty-designed exam (based on core courses) ________
   - b) Literature review ________
   - c) Primary Specialization publishable paper ________
   - Please indicate journal/conference ____________________________

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1400 Washington Avenue
Albany, NY 12222

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[www.albany.edu/informatics/](http://www.albany.edu/informatics/)
Name:_______________________________________________________________

6. Residency Requirement
Indicate the semesters and calendar years in which you plan to meet, or have met, the requirement
of a minimum of two semesters of full-time study in residence, and the number of credits completed
or to be completed in each.

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<tr>
<th>Semester</th>
<th>Year</th>
<th>Registered credits</th>
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7. Prerequisite: Computer and Information Technology Competencies (INF 523)
☐ INF 523 modules taken and passed: ________________________________

☐ INF 523 waiver signed and dated: ________________________________

☐ INF 523 quiz: ________________________________

8. Apprentice Teaching Option
Semester | Year | Course taught |
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Name:_____________________________________________________________________________________

9. Research Methods & Statistics Requirement
List below courses or other learning experiences completed or to be completed to establish competency in Research Methods and Statistics.

a) Core Research Courses and term in which completed or to be completed

INF 711 Research Seminar I
INF 712 Research Seminar II
INF 713 Research Seminar III
INF 714 Research Seminar IV
INF 710 Research Design in Information Science

b) Additional Research Tool Requirement (defined by primary specialization)
Course number and title Date

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

c) INF Research Conference Participation
Name of poster/paper presented Date

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
10. Primary Specialization:

List below all courses relevant to your area of primary specialization a) completed prior to admission to the Ph.D. program, with name of institution and date completed, b) completed since admission to the Ph.D. program, with date (year and term) in which completed, and c) to be completed.

a) Courses completed prior to admission to Ph.D. program:

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b) Courses completed since admission to Ph.D. program:

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c) Courses to be completed:

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Name: _________________________________________________________________

11. Secondary Specialization*: __________________________________________

List below all courses relevant to your area of secondary specialization a) completed prior to admission to the Ph.D. program, with name of institution and date completed, b) completed since admission to the Ph.D. program, with date (year and term) in which completed, and c) to be completed.

a) Courses completed prior to admission to Ph.D. program:

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b) Courses completed since admission to Ph.D. program:

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Students may petition faculty for a self-designed secondary specialization. If your specialization is self-designed, provide a rationale for it, and identify the faculty members on your committee. Attach additional sheets as necessary.
Name:_______________________________________________________________

12. Additional Courses
List below any other courses (excluding tool courses) that you have taken or plan to take as part
of your Ph.D. program here:

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13. Dissertation Research
Provide a brief preliminary narrative discussion of your present plans for dissertation research.
Indicate proposed area or dissertation topic, probable research design, tentative timetable for
completion, and names of faculty members who you expect to ask to serve on your dissertation
committee. Attach additional sheets as necessary.

Note: The faculty recognizes that dissertation plans are often very tentative at this point. This information is requested only for
planning purposes, to assure that your proposed program of study will provide the competencies needed to support your proposed
research, and to make certain that the necessary faculty expertise is available to oversee your dissertation work. This statement is not
binding and you are free to modify it at any time by filing an approved, amended Program of Study Form.
Name:_______________________________________________________________

Original Plan approved by Program Guidance Committee  
Name Department Signature Date

________________________________________________________________________

(Chair)

________________________________________________________________________

(Secondary specialization member)

________________________________________________________________________

Approved for the University and Program requirements  
Associate Director signature Date

________________________________________________________________________

Approved for the Faculty by Ph.D. Program Director  
INF Ph.D. Program Director signature Date