

Amended Program Plan of Study Form

Name: _____

Date: _____

Amendment # _____

Anticipated date of graduation (month and year) _____

Section Amended	Change(s) Made
1. Core courses and term in which completed or to be completed	
2. Area of Primary Specialization	
3. Area of Secondary Specialization	
4. Total number of graduate credits to be completed in program	
5. Comprehensive Exam Requirements (proposed dates)	
6. Residency Requirement	
7. Prerequisite: Computer and Information Technology Competencies (INF 523)	
8. Apprentice Teaching Option	
9. Research Methods & Statistics Requirement	
10. Primary Specialization	
11. Secondary Specialization	
12. Additional Courses	
13. Dissertation Research	

You may attach additional sheets as necessary.

Amended Plan approved by Program Guidance Committee

Name _____ Department _____ Signature _____ Date _____

(Chair) _____

Approved for the Faculty by Ph.D. Program Director _____

Signature of INF Ph.D. Program Director _____ Date _____