FLORIDA TECH

COLLEGE OF ENGINEERING & SCIENCE
Ph.D. PROGRAM OF STUDY

Name _____ Student ID Number _____
Last *First* *Middle*

Mailing Address _____
Apt. No. *Street* *City* *State* *ZIP Code*

Degree Program _____ Major Code _____

Academic Unit _____

Term Graduation Expected _____ Catalog Year Requirements Used for Program of Study _____

Master's Degree:

☐ None (Direct from bachelor's) ☐ Awarded at Florida Tech _____ ☐ Awarded External to Florida Tech
Award Term

IMPORTANT INFORMATION

- **Doctoral committees must be formed at least *60 days* before the comprehensive examination.**
- **Once a student registers for dissertation, the student must under normal conditions continuously register for at least *three* credit hours of dissertation each academic term thereafter.**
- **An overall GPA of 3.2 must be maintained and is required for admission to candidacy.**
- **Any change to this program must be submitted and approved by the academic advisor before approval to graduate will be granted.**

For transfer credit, list Florida Tech equivalent with School Attended in parentheses; indicate "T" in Grade column. Approval of this program of study does ***not*** imply approval of transfer credits.

REQUIRED & ELECTIVE COURSES

FLORIDA TECH COURSE NO.	FLORIDA TECH COURSE TITLE	SEMESTER CREDITS	GRADE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Student Signature _____ Date _____

Academic Advisor (Print) _____

Academic Advisor Signature _____ Date _____

Academic Unit Head Signature _____ Date _____

FLORIDA'S **STEM** UNIVERSITY®

20250033