

**WHARTON DOCTORAL PROGRAMS
UNIVERSITY OF PENNSYLVANIA
3620 Locust Walk, Philadelphia, PA 19104-6302**

PLANNED PROGRAM OF STUDY FOR DEGREE CANDIDATES

INSTRUCTIONS: This form is to be completed in consultation with the Department Faculty Ph.D. Coordinator. When complete, please make a copy for yourself and for your advisor. Return the original to the Wharton Doctoral Office.

Any changes to your program must be documented by completing a new form and re-submitting it to the Wharton Doctoral Office. Form must be on file with the Doctoral Office prior to applying for the degree.

Name: _____ SS#: XXX-XX- _____ (last four digits)

Department _____ Degree: AM _____ MS _____ Ph.D. _____

Advisor: _____ Student's email: _____

PLEASE LIST COURSES TO BE APPLIED TO THE DEGREE: For courses taken at another institution, you must also complete the request for approval of transfer of credit.

Minimum number of course units for degrees: A.M/M.S. – (Minimum 8 or 10)
Ph.D. – 20 (of which 8 may be transferred)

School at Penn where you registered to take course:	Course Dept. & Number	Course Title	# CUs	Term Taken or when will be taken
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

The courses listed above satisfy degree requirements for this student.

Department Faculty Ph.D. Coordinator's Signature

Date