

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF NURSING  
 GRADUATE STUDIES  
**PhD Degree Program Of Studies Plan Form**

For: \_\_\_\_\_ Date of Admission to PhD Program \_\_\_\_\_

AREA	Course/Hrs.	Date Completed	Course/Hrs.	Date Completed	Course/Hrs.	Date Completed
Predoctoral Studies						
			<b>Research</b>		<b>Focal Area</b>	
Program of Studies <u>Required Courses:</u>						<b>Dissertation</b>
Supportive Coursework						
Special Learning Activities						

**This page should be removed from the student's file for appropriate signatures and replaced after each committee meeting.  
(Chair will initial and date upon successful completion)**

**PROGRAM OF STUDIES**

Focus Area \_\_\_\_\_

Other Special Concentrations/Certificates \_\_\_\_\_

Qualifying Examination \_\_\_\_\_

Comprehensive Examination \_\_\_\_\_

Proposal Approved \_\_\_\_\_

Admitted to Candidacy \_\_\_\_\_

**PROGRAM OF STUDIES APPROVAL SIGNATURES**

\_\_\_\_\_, Chair

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**Date Program of Studies Approved** \_\_\_\_\_