Plan of Study for
Doctor of Audiology

Name: __________________________________________ Student ID: ________________________________

Last, First, Middle Initial

- This plan of study should be completed and submitted to the Office of the Registrar when fully approved by your advisory committee
- The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree.

Degree and Professional Diplomas Currently Held

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>DEGREE (ie - BA, BS, MA, MS)</th>
<th>DATE GRANTED</th>
</tr>
</thead>
<tbody>
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UConn Field of Doctoral Study: ____________________________

Area of Concentration: ____________________________

Advisory Committee (minimum of three required)

Major Advisor
(printed name) (approval signature)

Co-Major Advisor
(if applicable)

Associate Advisor

Associate Advisor

Associate Advisor

Associate Advisor

Student Signature: ____________________________ Date: __________

Important Note:
- The Registrar’s Office does not approve the plan of study, the only approval is from the student’s advisory committee
- The Registrar’s Office will review submitted plans and add a non-course milestone to student record which is viewable on the unofficial transcript in student admin
- Completed, approved plans should be emailed to degreeaudit@uconn.edu
Course Work and Dissertation Research

- List below only courses used to complete the AuD degree
- Courses taken at the University of Connecticut or elsewhere that would be outdated by the time you expect to complete your degree requirements should not be included
- Transfer Credits
  - Classes used to fulfill a currently held degree are not eligible for transfer for the AuD degree
  - Submit the approved Request for Transfer Credit with the plan of Study
  - Refer to the Graduate Catalog regarding transfer credit eligibility

<table>
<thead>
<tr>
<th>College</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Course Credits</th>
<th>Year</th>
<th>Semester</th>
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</thead>
<tbody>
<tr>
<td>EX - UConn</td>
<td>EX – SLHS 5337</td>
<td>Clinical Practicum in Hearing</td>
<td>3</td>
<td>2020</td>
<td>Fall</td>
</tr>
<tr>
<td>EX - UConn</td>
<td>EX – GRAD 6930 OR GRAD 6998</td>
<td>Full-Time Directed Studies or Continuous Registration</td>
<td>3</td>
<td>2024</td>
<td>Spring</td>
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Required Course

- SLHS 5321
- SLHS 5322
- SLHS 5323
- SLHS 5324
- SLHS 5325
- SLHS 5326
- SLHS 5344
- SLHS 5351
- SLHS 5354
- SLHS 5362
- SLHS 5369
- SLHS 5372
- SLHS 5373
- SLHS 5375

Registrar Use Only          Total Content Credits
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**Required Course**

- SLHS 5400
- SLHS 5401
- SLHS 6401
- SLHS 6402
- SLHS 6410
- EPSY 5309
- SLHS 5337
- SLHS 5337
- SLHS 5337
- SLHS 6319
- SLHS 6319
- GRAD 6930 / 6998
- GRAD 6390 / 6998

**Registrar Use Only**

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Term & Year of AuD admission: ________________  Term & Year when all degree requirements must be completed: ________________