

**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**

COLLEGE	DEGREE (ie - BA, BS, MA, MS)	DATE GRANTED

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](mailto: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- Courses taken at the University of Connecticut or elsewhere that would be outdated by the time you expect to complete your degree requirements should not be included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

College	Course Number	Course Title	Course Credits	Year	Semester
EX - UConn	EX – SLHS 5337	Clinical Practicum in Hearing	3	2020	Fall
EX - UConn	EX – GRAD 6930 OR GRAD 6998	Full-Time Directed Studies or Continuous Registration	3 0	2024	Spring
	<b>Required Course</b>				
	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				

<b>Registrar Use Only</b>	Total Content Credits	
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College	Course Number	Course Title	Course Credits	Year	Semester
<b>EX - UConn</b>	<b>EX. – SLHS 5337</b>	<b>Clinical Practicum in Hearing</b>	<b>3</b>	<b>2020</b>	<b>Fall</b>
	<b>Required Course</b>				
	SLHS 5400				
	SLHS 5401				
	SLHS 6401				
	SLHS 6402				
	SLHS 6410				
	EPSY 5309				
	SLHS 5337				
	SLHS 5337				
	SLHS 5337				
	SLHS 6319	Research Practicum			
	SLHS 6319	Research Practicum			
	GRAD 6930 / 6998	Clinical Externship			
	GRAD 6390 / 6998	Clinical Externship			

<b>Registrar Use Only</b>	Total Content Credits	
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**Registrar Use Only**

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