

**Plan of Study for the Degree of Doctor of Education**

Name: \_\_\_\_\_  
Last
First
Middle Initial

Student ID:        and/or NetID:        Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

This plan of study should be completed and submitted to the Office of the Registrar when not more than 18 credits of course work to be offered for the degree have been completed. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. The plan of study must be signed by the student and by each member of the advisory committee before submission to the Office of the Registrar for final approval. When fully approved, copies of the plan of study are scanned and e-mailed to the student, major advisor, and department administrator.

Any request for changes should be submitted to the Office of the Registrar for approval on the "Request for Changes in Plan of Study" form.

**Degree and Professional Diplomas held at present**

COLLEGE	DEGREE	DATE GRANTED	FIELD OF STUDY

Field of Doctoral Study: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

**Advisory Committee (print names only, minimum of three required)**

MAJOR ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

**LEAVE BLANK**

Date of EdD admission: \_\_\_\_\_ Date by which all requirements for degree must be completed: \_\_\_\_\_



**LANGUAGE(S) OR RELATED AREA(S) OF KNOWLEDGE**

At least one foreign language or one related area is required

Foreign Language(s): Consult the current Graduate Catalog for methods by which a foreign language requirement can be fulfilled. List language(s) below.

If your field of study requires no foreign language or related area indicate exempt:

LANGUAGE	HOW TO BE FULFILLED		
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>

**RELATED AREA(S)**

A related area must comprise a coherent unit of at least six credit hours of advanced work outside the field of study (or area of concentration, if appropriate) and usually outside the department in which the major work of the degree is offered. Ordinarily, the work must be taken at the University of Connecticut. No credits will be accepted in transfer for a related area unless approved in advance by the advisory committee. Note that related areas are not part of course content.

SPECIFY RELATED AREA	College	Course No.	Course Title	Credits	Year
1.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

	College	Course No.	Course Title	Credits	Year
2.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**  
(original signatures required)

MAJOR ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_ THE GRADUATE SCHOOL \_\_\_\_\_