

PhD PROGRAM PLAN

STUDENT'S NAME: _____

STUDENT NUMBER: _____

PROGRAMS – Choose a program <u>and</u> one option (if applicable). Ensure that the student meets <u>all</u> the program requirements in the designated time frame.			
Doctorate in Nursing 15 credits of core courses, Comprehensive Exam + Thesis			
	FALL	WINTER	SPRING
COURSE(S) PRIOR TO ADMISSION			
YEAR 1 20____ - 20____			
YEAR 2 20____ - 20____			
YEAR 3 20____ - 20____			
YEAR 4 20____ - 20____			

Student signature: _____ Date: _____

Graduate Studies Office: _____ Date: _____

Submit as a service request (under “research related” then “plan of study”) on uoZone for approval once completed and signed.