

**DEPARTMENT OF EDUCATIONAL STUDIES
PROGRAM OF STUDIES WORKSHEET
EDST – Ph.D.**

	= Original Revision
Specialization: _____ Student Number: _____	
Surname: _____ Given Names: _____	
Address: _____ _____	
Postal Code: _____ E-mail: _____	
Home Phone Number: _____ Work Number: _____ Fax: _____	
Date program begins: _____ Date program expires: _____	
Pro tem Advisor: _____ Advisor's Phone: _____	
Advisor's E-mail: _____ Advisor's Fax: _____	

Program Requirements

Credits

Year 1 Courses:

EDST 601A First Year Doctoral Seminar
EDST 601B First Year Doctoral Seminar

Year 2 Courses: EDST 602 Second Year Seminar

Other Courses:

Comprehensive Examination _____ (0)

(*Please note: Maximum allowable credit value for EDST 565 courses in EDST is 6)

EDST 699 Doctoral Thesis

Approved: _____ Date: _____
Pro tem Advisor