**PhD EHS Doctoral Plan Of Study Form**

The University of North Carolina at Greensboro

Department of Biology  
PhD Program in Environmental Health Science (EHS)

Plan of Study and Approval Form

Current Date:

I. GENERAL INFORMATION

Student’s Name:   
Student ID#:   
Advisor’s Name:

Contact Information  
Local Address:   
Email:   
Cell Phone #:

II. EDUCATIONAL BACKGROUND

A. Undergraduate degree

Name of Degree:

Major:   
Date Obtained:

Institution:

III. EHS PHD PROGRAM

A. General Information  
Enrollment Date:   
Date Admitted:   
(Attach copy of pages of BIO requirement from the Graduate School Bulletin in use on the date admitted)

Expected graduation:

B. Coursework Summary for EHS

Required Core Courses (17 hours)

Electives (9 hours minimum)

Research & Dissertation (29 hours required)

Total- 55 hours minimum

C. Plan of Study (Year)  
i. Required Core Course (seventeen hours minimum)

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| --- | --- | --- | --- | --- |
| **Course Name** | **Course #** | **Credits** | **Semester** | **Grade** |
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| **Total** |  |  |  |  |

ii Electives (nine hours minimum)

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| --- | --- | --- | --- | --- |
| **Course Name** | **Course #** | **Credits** | **Semester** | **Grade** |
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| **Total** |  |  |  |  |

page33image2277713104iii Research and Dissertation (Twenty-nine hours minimum)

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| --- | --- | --- | --- | --- |
| **Course Name** | **Course #** | **Credits** | **Semester** | **Grade** |
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|  |  |  |  |  |
| **Total** |  |  |  |  |

iv Credit Hour Totals

|  |  |
| --- | --- |
| Core Courses |  |
| Elective Courses |  |
| Directed or Independent Study |  |
| Dissertation |  |
|  |  |
| TOTAL CREDITS (55 credit hour minimum) |  |

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Director Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Schedule for Plan Of Study

**YEAR Spring Fall**

Course# Hour Grade Course # Hour Grade

*Total hours:*

**YEAR Spring Fall**

Course# Hour Grade Course # Hour Grade

*Total hours: Total hours:*

**YEAR Spring Fall**

Course# Hour Grade Course # Hour Grade

*Total hours: Total hours:*

**YEAR Spring Fall**

Course# Hour Grade Course # Hour Grade

*Total hours: Total hours:*

**YEAR Spring Fall**

Course# Hour Grade Course # Hour Grade

*Total hours: Total hours:*

**YEAR Spring**

Course# Hour Grade

*Total hours:*

E. Other Requirements

|  |  |  |
| --- | --- | --- |
| **Completed/Accepted** | **Proposed Date** | **Date Completed** |
| Formation of Dissertation Committee |  |  |
| Submission of Plan of Study to Graduate School |  |  |
| Dissertation Proposal |  |  |
| Accepted Title: | | |
| Dissertation Proposal Oral Presentation and Defense |  |  |
| Admission of Candidacy |  |  |
| Oral Defense of Dissertation |  |  |
| Dissertation Completed |  |  |

F. Yearly Committee Meeting and Dates

Student Name:

Committee Members:

|  |  |
| --- | --- |
| **Meeting Date** | **Meeting Summary** |
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