



Advising Checklist

Completed in Consultation with
Program Advisor

Name: _____
Address: _____

Email: _____

Student Number: _____
Advisor's Name: _____

Telephone
(home): _____
(work): _____

PROGRAM REQUIREMENTS

Date Completed

Admission Date and Advisor Selected	_____
Residency Requirement (enrolled full-time for two semesters – does not have to be continuous; see Grad School limits on use of non-scheduled courses, proposal, and dissertation credits)	_____
Plan of Study	_____
First Progress Review Completed	_____
Second Progress Review Completed	_____
Appointment of Doctoral Committee	_____
Comprehensive Exam: Written Completed and Passed	_____
Comprehensive Exam: Oral Passed	_____
Dissertation Proposal: Submitted to Committee	_____
Dissertation Proposal: Date of Committee Hearing	_____
Dissertation Proposal: Date Approved	_____
Dissertation: Submitted to Committee	_____
Dissertation: Date of Dissertation Defense	_____
Dissertation: Date Approved	_____