



## PhD Program of Study

Name \_\_\_\_\_ KSU ID \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Program \_\_\_\_\_ Advisor \_\_\_\_\_

List of courses and credit hours required for the degree **OR** DegreeWorks printout or other program document can be attached.  
Include Course Designation and Number (ACCT8100), Title, and Credit Hours.

Semester 1	Semester 2	Semester 3
Semester 4	Semester 5	Semester 6
Semester 7	Semester 8	Semester 9

Number of Course hours \_\_\_\_\_ Number of Dissertation hours \_\_\_\_\_ Total Hours \_\_\_\_\_

### Signatures:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Major Professor \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Graduate Approval \_\_\_\_\_ Date \_\_\_\_\_