WAYNE STATE UNIVERSITY
COLLEGE OF EDUCATION

Graduate Education Office
489 College of Education
Telephone No. (313)577-1605

Doctor of Education Plan of Work

(Please Type)

Name _____ **I.D. No**. _____ **Date Admitted**_____

Semester _____ **Year**_____

Address _____
City **State** **Zip Code**

Home Phone _____ **Business Phone** _____ **Email**_____

Major_____ **Cognate**_____ **Advisor**_____

INSTRUCTIONS:

1. List chronologically (beginning with oldest courses) all WSU graduate credits earned or to be earned which you wish to apply toward fulfillment of Ed.D. requirements. Use a second form if necessary.
2. Attach an approved Transfer of Credit form for all applicable courses not elected at WSU. (Credits with less than full "B" grades cannot be transferred. B- grades are not acceptable)
3. Complete the section on doctoral residence. (see policy statement, Univ. Bulletin)
4. Obtain advisory approvals and forward to the Graduate Education Office.
5. After the plan has been approved by the Graduate Education Office, any changes in the plan must be approved by the advisor and reported in writing to the Graduate Education Office. Changes affecting the cognate must have the cognate advisor's signature for approval.

WAYNE STATE UNIVERSITY GRADUATE COURSES

Term/Year	Dept & Course No.	Course Title	Doct. Sem. Major & Diss. Hrs.	Cognate Hrs.	Research Hrs.	Other

Term/Year	Dept & Course No.	Course Title	Doct. Sem. Major & Diss. Hrs.	Cognate Hrs.	Research Hrs.	Other
Transfer Credit (Show hours only- attach transfer form with grades)						
(Overall program must total at least 100 credits.) Total →						

Total Degree Hours _____

Residence: Six (6) semester hours of course work in two consecutive semesters.

From_____ through_____

Approved By:

_____

Advisor Date Cognate Advisor Date

Graduate Education Approval_____

Date