



Plan of Study for the Degree of Doctor of Education

This plan of study should be completed in triplicate and all copies should be submitted to the Graduate Administrative Services - Records, U-1006, Room 202, in the Graduate Center when not more than twelve credits of course work to be offered for the degree have been completed.

Any request for changes should be submitted to the Graduate Records Office for approval on the "Request for Changes" form.

PLEASE TYPE OR PRINT CLEARLY

Name in full

Mr. [ ] Miss [ ]
Ms. [ ] Mrs. [ ]
Dr. [ ]

First Middle Last Student I.D.

Address for reply

Degree and professional diplomas held at present:

Table with 4 columns: College, Degree, Date Granted, Field of Study

Field of doctoral study

Area of concentration (if any)

Major advisor

Associate advisor Associate advisor

(Associate advisor) (Associate advisor)

LEAVE BLANK Date by which all requirements for the degree must be completed

FOR USE ONLY BY THE GRADUATE ADMINISTRATIVE SERVICES

Date of admission Residence requirement met Microfilm agreement rec'd
Transcripts Candidacy letter sent Copyright fee paid
Courses completed ADVANCE announcement rec'd Binding fee paid
Special skills passed Dissertation rec'd Final exam passed
General exam passed Tentative approval rec'd Final approval rec'd
Prospectus approved Abstract rec'd Application for degree rec'd
Transfer credit to RO Survey rec'd Continuous registration OK



**LANGUAGE(S) AND/OR RELATED AREA(S) OF KNOWLEDGE**

At least one foreign language or one related area is required.

FOREIGN LANGUAGE(S) Consult the current *Graduate Catalog* for methods by which a foreign language requirement can be fulfilled. List language(s) below.

Language(s)	How to be fulfilled
1. _____	_____
2. _____	_____
3. _____	_____

**RELATED AREA(S)**

A related area must comprise a coherent unit of at least six credit hours of advanced work outside the Field of Study (or Area of Concentration, if appropriate) and usually outside the department in which the major work of the degree is offered. Ordinarily, the work must be taken at the University of Connecticut. No credits will be accepted in transfer for a related area unless approved in advance by the advisory committee and The Graduate School.

Specify Related Area	College	Course Number	Course Title	Course Credit	Leave Blank	Year
1.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

**Ed.D.**

If you are an employee of the University of Connecticut,

- a) Title of position held \_\_\_\_\_
- b) Whether full-time \_\_\_\_\_ or part-time (what fraction?) \_\_\_\_\_
- c) Whether tenure has been granted, and if so, date effective \_\_\_\_\_
- d) Dates of employment at UConn \_\_\_\_\_

**RESIDENCE REQUIREMENT**

The graduate student can fulfill the special demands of a doctoral program only by devoting a continuous period of time to concentrated study and research with a minimum of outside distraction or employment. During the second or subsequent years of graduate work in the field, at least two consecutive semesters or one semester together with a contiguous summer period (consisting of Summer Session I and Summer Session II) of full-time study must be completed in residence. This period of residence must be completed at the Storrs campus, or, if more appropriate, at the Health Center in Farmington or at the Marine Sciences and Technology Center at Avery Point.

The essential criterion for full-time study is whether the student is in fact devoting full-time effort to studies, without undue distraction caused by outside employment. It is left to the advisory committee to determine whether the outside employment of the student is a distraction that prevents the student from devoting full-time effort to the planned program. The advisory committee should record this determination below.

Please specify the residence period (example: Fall 2005 through Spring 2006):

\_\_\_\_\_

Will there be/was there outside employment during the residence period?

Yes \_\_\_\_\_ No \_\_\_\_\_

If there will be/was outside employment, specify the nature, extent, and periods of such employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN SIGNING THE PLAN OF STUDY BELOW, THE ADVISORY COMMITTEE SIGNIFIES ITS APPROVAL OF THE RESIDENCE PERIOD AS SPECIFIED ABOVE AS WELL AS ITS APPROVAL OF ALL OTHER REQUIREMENTS FOR THE DEGREE AS INDICATED HEREIN. A COPY OF THE PLAN OF STUDY IS RETURNED BOTH TO THE STUDENT AND TO THE MAJOR ADVISOR WHEN IT RECEIVES FINAL APPROVAL FROM THE EXECUTIVE COMMITTEE OF THE GRADUATE FACULTY COUNCIL.

Date \_\_\_\_\_ Student's signature \_\_\_\_\_

Approved: Major advisor \_\_\_\_\_  
Associate advisor \_\_\_\_\_  
Associate advisor \_\_\_\_\_  
(Associate advisor) \_\_\_\_\_  
(Associate advisor) \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ The Graduate School