

FLORIDA INSTITUTE OF TECHNOLOGY
Doctoral Program Plan
(Please Print or Type)

Name: _____ Student #: _____

Address: _____ City: _____

Department: _____ Area of Specialization: _____

ADVISORY COMMITTEE:

Chairman _____

Member _____

Member _____

Member _____

Member _____

Language Requirement (indicate language): _____

(Include Transfer Credits— Indicate with “T” in Grade Column)

	Semester	Course #	Course Title	Cr.	Grade
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
					Grade

18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
			TOTAL NUMBER OF CREDITS		

Signature: _____
 (Student)

Date: _____

Signature: _____
 (Faculty Advisor)

Date: _____

Approved: _____
 (Department Head)

Date: _____