

SCHOOL OF EDUCATIONAL STUDIES  
 PhD Program Outline  
 CGU/SDSU Joint Doctoral Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ CGU ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Beginning Date of PhD Enrollment: \_\_\_\_\_ Prior Degrees Earned: \_\_\_\_\_

**Transfer of Units:** Institution(s) and # of units, including MA and SDSU Joint Doc units.

\_\_\_\_\_ Transfer Filed?:  Yes  No

**Proposed Research Tools:**

	Faculty Examiner		
1. _____	_____	Filed? <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	Filed? <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Proposed Areas for Qualifying Exams/Papers:**

	Faculty Supervisor (print)	Faculty Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Fourth Faculty Member (participant on dissertation committee only):**

\_\_\_\_\_ Print Faculty Name \_\_\_\_\_ Faculty Signature

**COURSES** (list below, chronologically, completed/proposed CGU courses comprising doctoral program).

Course #	Course Title	Instructor	Semester	Grade	Units

Total CGU Units: \_\_\_\_\_ + Total Transfer Units \_\_\_\_\_ = Total Units \_\_\_\_\_

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

CGU Advisor/Qual Committee Co-Chair Signature \_\_\_\_\_ Date \_\_\_\_\_