

**University of Wisconsin-Madison
 Department of Educational Leadership & Policy Analysis
 Doctor of Philosophy (Ph.D.) Program Plan**

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| Student | ID# |
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| Address & City | State | Zip Code |
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| E-Mail Address | Work Telephone | Home Telephone |
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| Advisor |
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| Date admitted to Ph.D. program | |
| Date qualifying exam requirement completed | |
| Date preliminary exam completed | |
| Date final oral exam completed | |

In accordance with Chapter IV, Section 4.02 of the code of the Department of Educational Leadership & Policy Analysis, I request approval of the following Ph.D. degree program. I understand that I must also satisfy (a) admissions, (b) residence, (c) examination or research paper requirement set forth in Chapter IV, Section 4.04 of the Departmental Code. The Graduate School has final authority in determining whether or not the residence requirement has been satisfied.

I. Introduction to the Field (6 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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II. Core Knowledge (12 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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III. Program Depth (9 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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IV. Electives (15 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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V. Minor/Supporting Course Work (12 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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VI. Research Methods and Design (12 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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VII. Independent Study/Research/Thesis (9 credits)

| Department/ Institution | Course Number | Title | Instructor | Credits | Semester & Year | Grade |
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Total credits in the above program, categories I-VII must equal at least 75 credits.

Total _____

Required Signatures:

| | |
|---------|------|
| Student | Date |
| Advisor | Date |

The above course distributional requirement for the Ph.D. Degree Program was approved by the Department.

Required Signature:

| | |
|-------------|------|
| Chairperson | Date |
|-------------|------|

The above course distributional requirement for the Ph.D. Degree Program has been satisfactorily completed.

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|------------------------------|------|
| Graduate Admissions Examiner | Date |
|------------------------------|------|

c: student, student file