**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

Ph. D. PROGRAM OF STUDY

**Student Name: Student No:G00**

**Term of Admission to Program:**

**Area of Interest: Ph.D. Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisory Committee: Chair**

 **Member Member**

 **Appointed Member Optional Member**

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| **Master’s Level Coursework Applied to Doctoral Degree (Total Credits)****Course No. Course Title School/Program Credits Grade** |
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| **Ph.D. Coursework (Total Credits)** |
| **Course No.** | Course Title | **Semester** | **School** | **Credits** | **Grade** |
| **Required Courses**  |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **Additional Courses** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **Discipline Specific Options (if appropriate)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **Additional Courses** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**Ph.D. Dissertation Research Credits (Total Credits Required)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Semester** |  |  |  |  |  |  |  |  |  |
| **Credits** |  |  |  |  |  |  |  |  |  |

**Residency Requirement Plan:**

**Written Comprehensive Examination: Planned Date: Actual Date:**

 **Passed /Failed**

**Oral Comprehensive Examination: Planned Date: Actual Date:**

 **Passed /Failed**

**Dissertation Proposal Review: Planned Date: Actual Date:**

 **Accepted/Rejected**

**Dissertation Defense: Planned Date: Actual Date:**

 **Passed/Failed**

**Remarks:**

Approval of Plan of Study:

|  |  |  |  |
| --- | --- | --- | --- |
| **DAC Member Signature** | **Date** |  |  |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

**DEPT. CHAIR**

AFTER DAC COMMITTEE AND DEPARTMENT CHAIR APPROVE, PLEASE RETURN TO THE DEANS’ OFFICE IN ROOM 248 DHE FOR THE ASSOCIATE DEAN’S APPROVAL. A COPY MUST BE SENT TO THE OFFICE OF GRADUATE STUDY.

ASSOCIATE DEAN

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

DISSERTATION COMMITTEE APPOINTMENT FORM

Student Name: Student #.:G Date:

I request that the Oakland faculty members listed below serve on my Ph.D. Advisory Committee. At least one of the committee members must be from outside of the department. Optional fifth member may be added if requested by committee chair and student.

* Chair

 Print Name Rank Dept.

* Member

 Print Name Rank Dept.

* Member

 Print Name Rank Dept.

* Outside Member

 Print Name Rank Dept.

* Optional Member\*

 Print Name

Agreement: (Signatures)

* Chair
* Member
* Member
* Member
* Member

**Department Chair** Date

**Associate Dean, SECS** Date

**Director of vice Provost of Graduate Study** Date

\*Attach Vita

PLEASE SEE: <http://www.oakland.edu/secs> and the Graduate Study website. These websites will assist you in program information. After your DAC has been approved, please complete your program of study and return to 248 DHE

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

REQUEST to SCHEDULE COMPREHENSIVE DOCTORAL EXAMINATIONS

**This form must be completed and filed with the Office of the Dean of the School, and Department Chair at least three weeks (3) in advanced of the first examination date. A copy must be sent to the Office of Graduate Study.**

* **The examination is to be scheduled ON site. In case any modification to this schedule becomes necessary, a new form must be filled out to reflect the changes.**
* **Normally, every written exam is of a duration of 3 to 4 hours or as deemed necessary by the Doctoral Advisory Committee.**
* **Original exams completed by the student must be submitted to the Deans’ office before results will be sent to Graduate School**

Student Name Student No.G00

The following comprehensive examination schedule has been set up:

|  |
| --- |
| **Comprehensive Written Doctoral Exam** |
| Topic | Date | TimeFrom-To | Room | Mode:closed book/open book | Supervising Faculty |
|  |  |  |  |  |  |
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| **Comprehensive Oral Doctoral Exam** |
|  |  |  |  | N/A | All CommitteeMembers |

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Chair, Doctoral Advisory Committee Member, Doctoral Advisory Committee

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Member, Doctoral Advisory Committee Member, Doctoral Advisory Committee

 Department Chair

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

**RESULTS of WRITTEN COMPREHENSIVE DOCTORAL EXAMINATION**

Student Name Student # G00

**Please check against the pertinent examination**

 WRITTEN EXAMINATION PASSED:

 date

 WRITTEN EXAMINATIONS FAILED:

 date

PLANS FOR REMEDIATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Grade Given by** (signature) **Remarks**

**(pass/fail)**

 Chair, DAC (date)

 Member DAC (date)

 Member DAC (date)

 Member DAC (date)

 Member DAC (date)

**Cumulative result of the examination Pass/Fail**

Chair, DAC (date) Associate Dean (date)

cc: Graduate School

 Chair, DAC

 Coordinator

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

**RESULTS of ORAL COMPREHENSIVE DOCTORAL ECAMINATION**

Student Name Student #G00

 ORAL EXAMINATION PASSED:

 date

 ORAL EXAMINATION FAILED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

PLANS FOR REMEDIATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Grade Given by** (signature) **Remarks**

**(pass/fail)**

 Chair, DAC (date)

 Member DAC (date)

 Member DAC (date)

 Member DAC (date)

 Member DAC (date)

**Cumulative result of the examination Pass/Fail**

Chair, DAC (date) Associate Dean (date)

cc: Graduate School

 Chair, DAC

 Coordinator

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

**APPLICATION for ADVANCEMENT to CANDIDACY**

This form must be completed and filed with the Office of the Dean of the School or College, and Graduate Study with copies to members of the dissertation committee.

Candidate's Name (print) Student #

Date

Date coursework was completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date written exam was successfully completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by Graduate Study and Lifelong Learning: \_\_\_\_\_\_\_\_\_Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Members of advisory committee

 Dean of School or College

 Graduate Study

 Student file

**OAKLAND UNIVERSITY**

***Office of Graduate Study and Lifelong Learning***

**APPROVAL of DISSERTATION PROPOSAL**

This form must be completed and filed with the Office of the Dean of the School or College, and the Office of Graduate Study with copies to members of the dissertation committee.

Candidate's Name Student #

Date

Title of Dissertation

Doctoral Advisory Committee Approval:

Chair Member

 Date Date

Member Member

 Date Date

Member

 Date

|  |
| --- |
| **Please check which of the following must be completed prior to implementation of the dissertation research:**  |
|  | Animal Care and Use (IACUC) |
|  | Biosafety (IBC) |
|  | CITI Training |
|  | Export Control |
|  | Human Subjects (IRB) |
|  | Radiation Safety (RSC) |
|  | RAM application |
|  | Responsible Conduct of Research Training (CITI training) |
|  | Export Control Regulations |

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REQUEST to SCHEDULE PUBLIC PRESENTATION and DEFENCE

**This form must be completed and filed with the Office of the Dean of the School, and Department Chair at least three weeks (3) in advanced of the presentation date. A copy must be sent to the Office of Graduate Study.**

* **The examination is to be scheduled ON site with all members of the dissertation committee present. In case any modification to this schedule becomes necessary, a new form must be filled out to reflect the changes. Special circumstances must be in accordance with the Functions of the Dissertation Committee policy.**
* **Normally, every presentation is of duration of 1 hour or as deemed necessary by the Dissertation Committee.**
* **Original exams completed by the student must be submitted to the Deans’ office before results will be sent to Graduate School**

Student Name Student No.G00

The following Public Presentation and Defense schedule has been set up:

|  |
| --- |
| **Dissertation Presentation Title:** |
| Date | TimeFrom-To | Room | Present:Committee and Guests |
| **Dissertation Defense:** |
| Date | Time | Room | Present:All Committee Members |

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Chair, Doctoral Advisory Committee

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Member, Doctoral Advisory Committee

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Member, Doctoral Advisory Committee

Member, Doctoral Advisory Committee

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Member, Doctoral Advisory Committee

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Department Chair