

TENTATIVE PROGRAM OF STUDY FOR DOCTORAL CANDIDATES

Name: _____	B.S. degree from: _____	Major: _____	Sem/Yr: _____
Date: _____	M.S. degree from: _____	Major: _____	Sem/Yr: _____
Advisor's Name: _____	Started Graduate Study @ U.C., Berkeley in: _____	Major: _____	Sem/Yr: _____

24 units coursework **and** 30 hrs. GSI, at least 20 hrs. U-Grad, **required** for admits ≤ Fall 2009 32 units coursework **and** 20 hrs. GSI, at least 10 hrs. U-Grad, **an option** for admits prior to Fall 2009

Advisor's Signature of Approval: _____ Date: _____

Vice Chair's Signature of Approval: _____ Date: _____

PRELIM REQUIREMENTS:	
Breadth:	Course / grade
#1:	/
#2:	/
Oral Area:	
Sem. / Yr. / Score:	/ /

TEACHING REQUIREMENT:	
Course(s):	
Semester(s):	
% Time:	

Graduate Assistant Notes:

MAJOR:	COURSE TITLE	COURSE NUMBER	SCHOOL IF NOT UCB	SEMESTER COMPLETED	UNITS	GRADE
Area:						
MINOR:						
MINOR:						

<i>For Office Use Only</i>	MAJOR GPA:	In. MINOR GPA:	Out. MINOR GPA:	Overall GPA:
	Units:	Units:	Units:	Total Units: