



Department of Mathematical Sciences
Worcester Polytechnic Institute Ph.D.

This form is to be completed and submitted to the academic department office before the end of the first semester of study. Updates to the form require the advisor's signature. The original plan of study and all revisions need to be kept on file in the WPI Registrar's Office. PLEASE BE SURE TO CHECK THE APPROPRIATE BOX AT THE TOP OF THIS FORM. If this is a revision, be sure to note each revision by number. Advisors must sign and date approval for each revision.

<i>Last name</i>	<i>first name</i>	<i>middle initial</i>	<i>student ID number</i>	<i>month & year of first semester of study</i>
<i>Local address + city + state + zip</i>			<i>email</i>	<i>home phone number</i>
<i>Major</i>	<i>specialization</i>		<i>major advisor's name</i>	

Name of institution	Degree earned	Major field of study	Year earned
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Graduate credit may be accepted from other universities, which accounts for no more than 1/3 of the doctoral program (30 of the 90) credits. Please list all course work accepted towards the doctoral degree.

[illegible]

Date of exam _____ Administered by _____
day/month/year *print faculty member's name* *faculty member's signature*

Pass Fail Comments

First page Ph. D Plan of Study approval: Advisor_____ Date_____ Approve___ Disapprove___

List all WPI graduate courses required /taken for the degree. Include research and thesis credits. Courses from previously earned degrees not included.

[illegible]

Title of dissertation:_____

Dissertation Advisors/Doctoral Committee

<i>Name</i>	<i>Department</i>

<i>Name</i>	<i>Department</i>

<i>Name</i>	<i>Department</i>

<i>Name</i>	<i>Department</i>

Dissertation Approvals: *Advisor*_____ *Date*_____ *Approve*___ *Disapprove*___

Department Head _____ Date _____ Approve ___ Disapprove ___

Second page Ph.D Plan of Study approval: *Advisor*_____ *Date*_____ *Approve*___ *Disapprove*___

Mathematical Sciences Graduate Committee Approval

Committee Chair _____ Date _____ Approve ___ Disapprove ___