



WPI

original revision No. _____

Department of Mathematical Sciences Worcester Polytechnic Institute Ph.D.

Plan of Study – Doctoral Program

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.

Student Information

<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>	

Please list all bachelor, master and professional level degrees earned

Name of institution	Degree earned	Major field of study	Year earned
Name of institution	Degree earned	Major field of study	Year earned
Name of institution	Degree earned	Major field of study	Year earned

Credits Accepted from Other Universities

A qualifying exam must be administered within the first 18 credits of the doctoral program.

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.

Title of dissertation: _____

Dissertation Advisors/Doctoral Committee

<i>Name</i>	<i>Department</i>
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<i>Name</i>	<i>Department</i>
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11. *What is the name of the author of the book?*

Table 1. Summary of the main characteristics of the data sets used in this study.

Dissertation Approvals: Advisor _____ Date _____ Approval _____ Disapproval _____

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 _____