□ **original** □ **revision no.**_____

Department of Mathematical Sciences
Worcester Polytechnic Institute

Plan of Study – Doctoral Program

This form is to be completed and submitted to the Graduate Program Committee chair(s) for approval before the end of the first semester of study. Updates to the form require the advisor's signature. 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 each revision.

Student Information

Last name	*First name*	*Middle initial*	*Student ID number*
Local address + city + state + zip		*WPI email*	*Home phone number*

Ph.D. program: □ *Mathematical Sciences* □ *Statistics* *Program credits:* □ *60* □ *90*

Program start date: semester/yyyy

Bachelor's, Master's 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

Transfer Credits from Other Universities

Students should fill out the table below to petition the Graduate Program Committee to receive transfer credit for course work completed at other institutions *after* their highest degree earned.

Course No.	Course Title	Semester/Year	Credit	Grade

Doctoral Plan of Study

List all WPI graduate courses required for the degree, including those taken (with grade earned) and those planned. Include independent studies, directed research, and dissertation credits. Do not include courses from previously earned degrees. Total number of credits should add to 60 or 90 depending on program enrollment.

Course No.	Course Title	Semester/Year	Credit	Grade

Ph.D. Student □ *Approve* □ *Disapprove*

Ph.D. student's name *Date* *Ph.D. student's signature*

Advisor □ *Approve* □ *Disapprove*

Advisor's name *Date* *Advisor's signature*

Mathematical Sciences Graduate Program Committee □ *Approve* □ *Disapprove*

Committee chair's name *Date* *Committee chair's signature*