

SEOR PHD: PLAN OF STUDY FORM

Student name: _____
Address: _____
Phone Number(s): _____
Email: _____
Student ID: _____
Date: _____

Dissertation Committee Chair Approval:

Name: _____ Signature: _____

Major area of interest: _____

Tentative dissertation topic: _____

New: _____ Revision*: _____
**If revision, indicate nature of and reason for revision on reverse.*

Approval: _____
SEOR Ph. D. Program Director

(Last Name, First Name)

(Date)

Below please list all graduate level courses, regardless of where they were taken, that comprise the plan of study in Systems Engineering and Operations Research.

Qualifying Exams

<u>Course #</u>	<u>Title</u>	<u>University</u>	<u>Date</u>	<u>SH Cr</u>	<u>Grade</u>
-----------------	--------------	-------------------	-------------	--------------	--------------

Courses for advanced emphasis requirement:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*****NOTE*** 24 CREDIT HOURS REQUIRED OF SEOR 998,999 FOR DISSERTATION RESEARCH AND PRESENTATION:**

Other relevant courses:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Intended area of Doctoral Research: _____