PhD Plan of Study Form
Submit this form to the Graduate Studies Chair prior to submitting the Application for Candidacy form.

Student Name: ________________________________________ OSU. # ___________________________________

Core Course Requirements (43 hours)
Fill in your grade for each course completed. For courses yet to be completed, indicate the term/year you plan to take the course. If you have received approval to substitute a course, cross off the required course and fill in the substituted course information and corresponding grade.

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<th>Course</th>
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<td>7540 (3)</td>
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<td>_______</td>
<td>7201 (3)</td>
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<td>7730 (3)</td>
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<td>6802 (4)</td>
<td>_______</td>
<td>7301 (3)</td>
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<td>6750 (2) –or–</td>
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<td>6860 (2)</td>
<td>_______</td>
<td>7303 (3)</td>
<td>_______</td>
<td>7755 (2)</td>
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<td>6910 (4)</td>
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<td>7410 (3)</td>
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Elective Course Requirements (at least 9 hours)*

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
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Total Elective Hours ______

* Letter-graded STAT courses at the 6000-level or higher, of which at least 4 credits must be at the 7000-level or higher. Excludes Statistics 6030, 6040, 6060, 6193, 6194, 6201, 6301, 6302, 6410, 6450, 6740, 6750, 7193, 7194, 7755, 7998, 7999, 8010, 8193, 8194, 8891, 8895, and 8999. Students may, with approval of the Graduate Studies Committee, use one course (up to 3 hours) from another department as an elective.

Qualifier II Exam: Date: _______________ Result (circle): Pass Fail

Projected Date of Candidacy Exam: ______________ Projected Graduation (circle): SU AU SP 20___

The undersigned approve the listed program and agree to serve on the PhD Candidacy Exam Committee.

Printed Name: __________________________ Signature: __________________________ Date: __________________________

Advisor: __________________________ / __________________________ / __________________________
Committee Member: __________________________ / __________________________ / __________________________
Committee Member: __________________________ / __________________________ / __________________________
Committee Member: __________________________ / __________________________ / __________________________

FOR DEPARTMENT USE ONLY

All course requirements met: _____ Yes _____ No _____ Pending ______________________________

Approval: __________________________ Date: __________________________
Print: __________________________ Sign: __________________________

rev 7/2017