Doctoral Degree Plan PhD Learning Technologies   *Offering:*

University of North Texas, College of Information, Department of Learning Technologies

See Graduate Catalog for time limitations for completion of doctoral degree. Responsibility for reading the graduate catalog and LT PhD doctoral student handbook requirements and for knowing when the program has been completed rests entirely upon the student. Application for graduation must be filed in the Toulouse School of Graduate Studies (TSGS) before the appropriate deadline (see university calendar.) The number of courses, which may apply to the doctoral degree, is limited. Please consult your advisor.

Name: _____   UNT ID: _____
      (First, MI, Last)

Address: _____   E-mail: _____
        (Street, City, State, Zip, Country)

Degrees Held: Bachelor's: _____ _____ _____ _____
                           (BS, BA, Other) (Date Conferred) (Institution) (Hours)

               Master's: _____ _____ _____ _____
                        (MS, MA, Other) (Date Conferred) (Institution) (Hours)

Summary Credit Hours

Indicate non-resident courses with an asterisk (*) and list them as they appear on your official transcript on file with the graduate school. Enter the courses you plan to take in term order indicating hours per area. Total hours will be 60-69.

Prefix	Num	Title	Core (15 hrs)	Research (12 hrs)	Topic (21 hrs)	Dissertation (12 hrs)	Tools (0-9 hrs)	Date Term	Grade
_____	_____	_____	___	___	___	___	___	_____	____
_____	_____	_____	___	___	___	___	___	_____	____
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_____	_____	_____	___	___	___	___	___	_____	____
_____	_____	_____	___	___	___	___	___	_____	____
_____	_____	_____	___	___	___	___	___	_____	____
_____	_____	_____	___	___	___	___	___	_____	____

TOTAL (60-69 hours)   ___ ___ ___ ___ ___ = _____ Hrs

Program Approval

_____ _____
(Name)   (Signature)

Member: _____ _____
        (Name)   (Signature)

Member: _____ _____
        (Name)   (Signature)

Plan Advisor: _____ _____
              (Name)   (Signature)

Vice Provost and
Dean, TGS _____ _____
           (Signature)   (Date)

Dept Chair: _____ _____
            (Name)   (Signature)