

DOCTORAL DEGREE PLAN
UNIVERSITY OF NORTH TEXAS
 Department of Biological Sciences

Name _____ ID Number _____

Home Address _____

Degree to be Earned _____ Major _____

Major Professor _____ Minor Professor _____

Minor _____ Specialization _____

Degree(s) held:

Bachelors None _____ If Other: _____ Date Received _____

Institution _____

Major _____ **No. Semester Hours** _____

Minor _____ **No. Semester Hours** _____

Masters None _____ If Other: _____ Date Received _____

Institution _____

Major _____ **No. Semester Hours** _____

Minor _____ **No. Semester Hours** _____

Residence Requirement Met? Yes No

Program Approved:

 Print Name Signature Date Committee Chairman

 Print Name Signature Date Committee Member

 Print Name Signature Date Committee Member

 Print Name Signature Date Committee Member

 Print Name Signature Date Committee Member

 Print Name Signature Date Graduate Coordinator

 Print Name Signature Date Department Chair

 Dean, Toulouse Graduate School Date Approved

