

The University of Kansas
 Department of Special Education
Ed.D. Program of Study Planning Form

Student: _____

Date _____

	I. Doctoral Advisory Committee		
	Name	Department	Signature
1.	_____	_____	_____
	(Committee Chair)		
2.	_____	_____	_____
3.	_____	_____	_____
	(Outside minor)		
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	(Optional)		

For Sections II-VI, make a notation of any (a) courses waived because of the student's previous academic background and (b) any courses formally transferred from another institution.

II. School of Education Core Requirements (12 hours)			
	Area	Course # and Name	Projected Semester Date Completed
1.	Human learning or development	_____	_____
2.	General curriculum or instructional strategies	_____	_____
3.	History of philosophy of education	_____	_____
4.	Statistics or research	_____	_____

III. Supervised Internship (3 hours)	
Description of internship experience	

Supervisor Signature _____	Date Completed _____

Ed.D. Program of Study Planning Form, page 3

VII. Dissertation Hours (minimum of 18 hours; about 24 are typically taken)

Semester Enrolled	Graduate Credit	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Ed.D. Continuous Study Requirement

Date Plan Filed	Date Requirement Met
_____	_____

IX. Department Approval of Program of Study

_____	_____
Signature, Department Chairperson	Date
Date filed with School of Education	_____