

FINAL PROGRAM OF STUDY FOR DOCTORAL CANDIDATES

Name: _____	B.S. degree from: _____	Major: _____	Date: _____
Date: _____	M.S. degree from: _____	Major: _____	Date: _____
Major Field Advisor: _____	Started Graduate Study @ U.C., Berkeley: _____	Major: _____	Date: _____

Major Field Advisor's Signature of Approval: _____ Date: _____

AAC Approval (Chair's signature): _____ Date: _____

PRELIMINARY EXAMINATION			
Attempt	Semester	Pass	Fail
First semester:			
Second semester:			
Final attempt:			

TEACHING REQUIREMENT:	
Course(s):	
Semester(s) / Hrs:	
QUALIFYING EXAM COMMITTEE:	DEPARTMENT
1. _____ (Chair)	MSE
2. _____	
3. _____	
4. _____	
QUALIFYING EXAM RESULT:	
Date Passed: _____	
DISSERTATION COMMITTEE:	DEPARTMENT

MAJOR:	COURSE TITLE	COURSE NUMBER	SCHOOL IF NOT UCB	SEMESTER COMPLETED	UNITS	GRADE
INSIDE MINOR:						
OUTSIDE MINOR:						

<i>For Office Use Only</i>	MAJOR GPA:	In. MINOR GPA:	Out. MINOR GPA:	Overall GPA:
	Units:	Units:	Units:	Total Units: