

DEPARTMENT OF SPANISH AND PORTUGUESE



DOCTORAL DEGREE STUDY PROGRAM

This form should be typed and submitted to the Director of Graduate Studies. An approved copy of this degree program must be on file in the department before the Ph.D. Written and Oral Comprehensive Examination can be taken.

Date: _____

Name: _____

SID: _____ Email: _____

Current Address: _____ Zip _____

Home Phone: _____ Office Number: _____

Primary Area of Study: _____

First Secondary Area of Study: _____

Second Secondary Area of Study: _____

Language Requirement:

Language: _____ Fulfilled By Course/Exam: _____

Report on Qualifying Interview:

Major Subject: _____ Date _____
Taken: _____

Approved by: _____

The attached Doctoral Degree Study Program is approved by:

Major Advisor: _____ Date: _____
Signature

Major Department Head: _____ Date: _____
Signature

DOCTORAL DEGREE STUDY PROGRAM

PRIMARY AREA OF STUDY (18 UNITS): _____

	COURSE	TOPIC TITLE	SEMESTER	PROFESSOR
01				
02				
03				
04				
05				
06				

FIRST SECONDARY AREA OF STUDY (6 UNITS): _____

	COURSE	TOPIC TITLE	SEMESTER	PROFESSOR
01				
02				

SECOND SECONDARY AREA OF STUDY (6 UNITS): _____

	COURSE	TOPIC TITLE	SEMESTER	PROFESSOR
01				
02				

ELECTIVE COURSES (18 UNITS + Intro to Hispanic Studies)

	COURSE	TOPIC TITLE	SEMESTER	PROFESSOR
01				
02				
03				
04				
05				
06				
07	Span 501	Introduction to Hispanic Studies		

The above 49 units are listed in the student's Plan of Study submitted to the Graduate College.