



Qualifying Examination Results and Doctoral Committee Approval Form

Submit to Graduate Studies' Office no later than the end of the student's second semester of enrollment.

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e. PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

Universities/colleges attended with degrees and dates: _____

Name	Academic program	Email address	GRADUATE SCHOOL USE ONLY	
			Doctoral Faculty	
			Yes	No
1. _____ Chair (first reader)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ Member (second reader)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ Member (third reader)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____ Member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____ Outside member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Results of the qualifying process: Passed Failed*

Specify process, if other than by examination: _____

*If student did not pass, please indicate course of action proposed to the student: _____

I am aware that research involving human subjects (including surveys) requires Institutional Review Board (IRB) approval and that the Animal Care and Use Committee (ACUC) must review and approve most research dealing with animal subjects. I will comply with all current applicable MU regulations pertaining to research on human subjects or animals before and during all stages of my research.

_____ Student signature	_____ Date	_____ Advisor signature	_____ Date
_____ Director of graduate studies signature	_____ Date	_____ Dean of Graduate Studies signature	_____ Date

As of _____, official transcripts are are not on file.
 Date copies sent to Advisor and Director of Graduate Studies: _____ 9/2009

PhD

EdD

D-2 Form



Plan of Study for the Doctoral Degree Form

The doctoral plan of study must include a minimum of 72 hours of graduate credit from course work taken at MU, transfer credit and research hours (**see sample on reverse side**). Complete this form and submit it to the Graduate School no later than the end of the student's third semester of study. The plan must include a minimum of 15 hours of 8000/9000-level coursework completed at MU exclusive of problems, readings, and research.

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD,etc.): _____

Academic program: _____ Major: _____

Anticipated graduation date: _____ Emphasis area: _____
Term (fall, spring, summer) Year (If applicable)

Program Address: _____ Graduate minor: _____
(If applicable)

_____ Graduate certificate: _____
(If applicable)

I understand the approval of this plan of study is conditional and is based on the assumption that I will complete my degree within the time frame required by the Graduate School. In addition, I understand no course on the plan of study should be older than eight years at the time the plan of study is submitted, unless approval has been granted by my academic program and the Graduate School.

_____ Student's signature Date

We, the undersigned, recommend this plan of study and the transfer of credit.

Approval signatures
(Please sign full name legibly)

_____	_____	_____
Chair	Member	Outside member
_____	_____	_____
Member	Member	Member

_____ Adviser's signature Date

_____ Director of graduate studies' signature Date _____ Dean of the graduate school's signature Date

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09/09

The doctoral plan of study must include a minimum of 72 hours of graduate credit from course work taken at MU, transfer credit and research hours.



Sample Doctoral Plan of Study

Student name: Tiger, Truman the
(Last Name, First Name)

Mizzou ID number: 08888888

Degree (i.e PhD, EdD, etc.): PhD*

Major: Health Engineering Communication

I. Please apply the following graduate-level transfer courses toward the MU credit-hour requirement:

Course No.	Course Title	Credits	Grade	Institution
HE 705	Health Engineering Statistics I	3.0	A	National University
HE 789	Health Engineering Dynamics	4.0	B	National University
HE 892	Health Engineering Seminar	3.0	B	National University
EC 601	Theory of Engineering Communication	3.0	A	National University
EC 701	Readings in Engineering Communication	6.0	A	National University
HE 899	Health Engineering in America	3.0	A	National University
HE 934	Health Engineering Statistics II	4.0	B	National University
ECE 710	Engineering Programming	4.0	B	National University

Total transfer credits: **30.0****

II. Courses completed at MU:

Course No.	Course Title	Credits	Grade	Institution
HEC 8820	Health Eng. in the Workplace	3.0	A	University of Missouri
COM 8760	Mass Communication	3.0	B	University of Missouri
HEC 9110	Marginal Health Engineering	3.0	A	University of Missouri
MTH 8450	Regression Analysis	3.0	A	University of Missouri
HEC 9415	Health Engineering in Public Sector	3.0	A	University of Missouri

Total hours completed at MU: **15.0**

III. Courses to be completed at MU:

Course No.	Course Title	Credits	Grade	Institution
HEC 8400	Seminar in HEC	3.0		University of Missouri
HEC 8710	Readings in Health Engineering	3.0		University of Missouri
COM 7840	Methods of Communication	3.0		University of Missouri
COM 9430	Communication in the Workplace	3.0		University of Missouri
HEC 8500	Problems in HEC	4.0		University of Missouri
HEC 9090	Research in HEC	12.0***		University of Missouri

Total Hours to be Completed at MU: **28.0**

Total Hours in Doctoral Plan of Study: **72.0**

*The Ed.D. degree may have additional requirements, please refer to the appropriate catalog or your Academic Unit for more information. **Effective for students admitted for Fall 2006 and beyond, 30 hours is the maximum number of hours that can be transferred into a Doctoral program at the University of Missouri – Columbia. ***Additional Hours of 9090/9990 Research may be needed in order to complete the Doctoral dissertation and satisfy the University's Continuous Enrollment requirement. Please be sure to check with your Academic Unit regarding any specific Research requirements at their level.



Doctoral Comprehensive Examination Results Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

The above-named candidate has PASSED FAILED

The examination concluded on _____ according to this committee.
 DATE

Signatures of doctoral committee members

(Please sign full names legibly)

	Pass	Fail
Chair: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>

Director of graduate studies _____	Date _____	Dean of the graduate school _____	Date _____
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DO NOT WRITE IN THIS BOX (Office use only)	MILESTONE ___ RPCO ___ Date copies sent to members and director of graduate Studies: _____
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Robert J. Trulaske, Sr.
 College of Business
 University of Missouri

Doctoral Programs

ACCEPTANCE OF DISSERTATION PROPOSAL

Student Name _____ Student Number _____

Tentative Title _____

We, the undersigned, verify that the research proposal is acceptable. The student may proceed with the research and a final report in the form of a dissertation.

Signatures of Committee:

 Committee chair print & sign Member print & sign

 Outside member print & sign Member print & sign

 Member print & sign Member print & sign

Human Subjects [] will not [] will be involved in the research. (If human subjects are involved, appropriate measures have been taken to insure conformance with Collected Rule 410.010 which reads:

Human Subject Research Subject to Review and Approval -- *It shall be the policy of the University of Missouri that all research projects which involve human subjects shall be subject to review and approval by an appropriate, officially appointed, Institutional Review Board registered with the Office of Human Research Protections (or other office designated by the United States Department of Health and Human Services) prior to project initiation, and without respect to the source of funding or sponsorship. This policy shall include all faculty, staff, and student research regardless of source of support.*

All research projects which involve human experimentation shall be reviewed and approved by the Associate Dean for Graduate Studies or the Institutional Research Board (IRB).

 Unit/Program Chair print & sign date Director of Graduate Studies print & sign date



Report of the Dissertation Defense Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Candidate's name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

Date of examination: _____

The above-named candidate has been examined by
the committee with the following results:

PASSED

FAILED

Signatures of doctoral committee members

(Please sign full names legibly)

	Pass	Fail
Chair: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>

Director of graduate studies	Date	Dean of the graduate school	Date
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**DO NOT
WRITE IN
THIS BOX
(office use only)**

Continuous enrollment list number: _____

Date copies sent to members and director of graduate studies: _____

9/09



Graduate Student Change of Committee Form

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____

Mizzou ID number: _____ Anticipated graduation date: _____

Academic program: _____ Degree (i.e. MBA, PhD, etc.): _____

Program address: _____ Major: _____

_____ Emphasis area: _____
(If applicable)

Member(s) to be removed:

Name	Department	Address

Member(s) to be added:

Name	Department	Address

Reason for Change:

Student's signature Date

Faculty Adviser's signature Date

*As **Director of Graduate Studies**, I certify that all members of the committee, including members being added and/or removed, have been informed of this change to the committee:*

Director of Graduate Studies signature Date

Dean of the Graduate School signature Date



Plan of Study Course Substitution Form

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____

Mizzou ID number: _____ Anticipated graduation date: _____

Academic program: _____ Degree (i.e MBA,PhD,etc.): _____

Program address: _____ Major: _____

_____ Emphasis area: _____

(If applicable)

The following changes are requested for the Program of Study previously approved:

DELETE *(courses to be removed from Plan of Study)*

Number	Course Title	Hours

ADD *(courses to be included on the Plan of Study)*

Number	Course Title	Hours

Student's signature Date

Faculty Adviser's signature Date

Director of Graduate Studies signature Date

Dean of the Graduate School signature Date

Date copies sent to committee members and Director of Graduate Studies: _____

09/09