

Ph.D. in Business Administration
Program of Study

Name: _____ Last Name First MI	Ph.D. Program Start Semester: _____
Student ID#: _____	

Major Field: Specify: _____

Course Number & Title	Sem/Grade	Course Number & Title	Sem/Grade
Approved by <u>Major</u> Field Coordinator: _____ Signature Date			

Research Field:

Course Number & Title	Sem/Grade	Course Number & Title	Sem/Grade
Approved by <u>Major</u> Field Coordinator: _____ Signature Date			

APPROVAL OF SUPERVISORY COMMITTEE

Chairman (Major Field) _____	Typed	Signature	Date
Member (Major Field) _____	Typed	Signature	Date
Member (Major Field) _____	Typed	Signature	Date
Member (Research Field) _____	Typed	Signature	Date

Student: _____ Signature Date	Ph.D. Director: _____ Signature Date
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