

Appendix C

Doctoral Program of Studies Department of Art Education

Name _____

Address _____

Phone _____

Undergraduate Degree _____

Institution _____

Date Conferred _____

Undergraduate Major _____

Graduate Degree _____

Institution _____

Date Conferred _____

Graduate Major _____

Particular Research Interests:

Professional Experience:

Candidate for _____

Date _____ Major Professor _____

Supervisory Committee:

University Representative

Department Chair

Total Planned Semester Coursework Hours in Residence _____

Semester Hours in Residence to Date _____

Transfer Hours _____

Dissertation Hours _____

Total Program Hours _____

***List hours both ways if original work was done under the quarter system**

(4) Program of Graduate Studies Arranged According to Concentration

Art Education

Major Area

Concentration _____

(1 of 3 areas listed under page 2 of Doctoral Program)

Course #	Title of Course	Instructor	Qtr/Semester/ Hours

Research Tool Option _____

Course #	Title of Course	Instructor	Qtr/Semester/ Hours

Related Coursework

(1 of the areas listed under 1 of 3 options on page 2)

Course #	Title of Course	Instructor	Qtr/Semester/ Hours