Doctoral Degree Plan of Study and Supervisory Committee

rst Name: Last Name:	
Degree: Degree:	
Previous Master's Degree (if being used towards the 90 required credits):	
Degree: Month/Year: Institution:	1:
IDSU Graduate Courses Enter courses in the order in which you have taken (or plan to take) them total number of research credits as one line item.* Do not include courses from your master's Plan of Study Course Name	
	===
	<u> </u>
	- - -
	- -
	==
Tot	al:
* PLEASE NOTE: If a proposed graduate research project involves human or animal subjects, or biohazards, it must be subn and approval by the institutional Review Board (IRB), the institutional Animal Care and Use Committee (IACUC), and/or the IBiosafety Committee (IBC). The student should initiate this process after his or her supervisory committee has approved the tidesign because IRB, IACUC, and IBC approval must be obtained before the research project commences.	nstitutional

Transfer Credits

Official transcripts with grades posted from the transfer institutions must be on file in the Graduate School PRIOR to approval of the Plan of Study.

moduce only durin	nor orcano.	DO HOL HOL WIC C	ourses taken toward comple	ation of a proviously ou	med made	or o dog	
Institution	Dept	Course #	Title		<u>Term</u>	Crs	<u>Gr.</u>
						_	_
						=	_
				Total Transfe	r Credits:	_	_

Supervisory Committee

If a committee member is not a full or affiliate member of the graduate faculty, the approval of the Dean of the Graduate School is required. Please attach a recommendation from the program administrator accompanied by ra

<u> </u>	
	1

Graduate School Representative

I hereby agree to serve as the Graduate School Representative on this committee. In accordance with Graduate College policies governing doctoral supervisory committees, I will ensure that Graduate College policies are followed, that the

expectations for the student's performance are reasonable, and that the interactions between supervisory committee are conducted in a professional and equitable manner.	ne student and	i the
Approval	1	

Academic Support Specialist Review

601-689, 691: 700-789, 791:

Graduate Program Coordinate

69x,79x, 89x:

Transfer Credit

When you click on the form name, you will be taken to a page that asks you to add the names and email address of your committee members and Graduate Program Coordinator. Note that the Graduate School Representative has it's own field and should not be included as a committee member, but as the Graduate School Representative. After you complete this information and click "Begin Signing", you will be taken to the actual form.

Boxes highlighted in red are required fields. Make sure your ID number is correct so it may be added to your student file for processing.

If you have earned a previous masters to be used towards your total of 90 credits post-bachelor's, put the degree information on the indicated line.

Include all of the courses you plan to take for the degree. The credits will total at the bottom of the page automatically.

For more information regarding doctoral degree requirements, consult the Graduate Bulletin.

If you are using transfer credits, include the information here. Before credits may be transferred, you must have an official transcript documenting these courses and grades. Any course for which we don't have a transcript will not be transferred and cannot be used on the Plan of Study.

It is important to list your committee members in the same order as you listed them on the DocuSign page.

Doctoral Supervisory Committees require a minimum of four members, including the Graduate School Representative.

If any of your committee members is not full or affiliate graduate faculty, attach the information described on the form using the paper clip icon at the bottom of the page.

If you are unsure as to who your Graduate Program Coordinator is, consult your adviser.

PowerForm Sig	ner Information			
Master's Plan of Study" Fill in	the name and email for each	signing role listed		
Master's Plan of Study" Fill in ellow. If you do not have more complete those sections. When embers in the same order as its form please contact the Gri	completing the form, put the o be signers list. If you have any duate School at 701-231-7033	ommittee questions about		
fease enter your name and begin the signing process	email			
our Role:				
Student				
our Name:				
our Email:				
lease provide information igners needed for this doo	or any other ment.			
tole:				
Chair of Supervisor	Committee (Advis	er)		
mail:				
cle: Committee Member	2			
lame:	2			
			Company	
mail:				
tole:				
	3			
ole: Committee Member	3			
cole: Committee Member lame: mail:	3			
tole: Committee Member lame: mail:				
cole: Committee Member lame: mail:				
cole: Committee Member Imail: Italia: Committee Member Imail: Italia: Committee Member Imail:				
cole: Committee Member lame: mail: cole: Committee Member				
coles: Committee Member armsi: rmsi: Committee Member anns: Committee Member anns:				
color: Committee Member resil: color: Committee Member ame: color: Committee Member ame: Committee Member color: Committee Member color: Committee Member	4 (if applicable)			
cole: Committee Member arms: rmail: Committee Member arms: Committee Member arms:	4 (if applicable)			
color: Committee Member resil: color: Committee Member ame: color: Committee Member ame: Committee Member color: Committee Member color: Committee Member	4 (if applicable)			
color: Committee Member mail: Committee Member mail: Committee Member mail: Committee Member mail:	4 (if applicable)			
color: Committee Member result: Committee Member color: Committee Member armst. Committee Member armst. Committee Member armst.	4 (if applicable) 5 (if applicable)			
Committee Member Innation Inna	4 (if applicable) 5 (if applicable)			
Committee Member Immail. Committee Member Immail. Committee Member Immail. Committee Member Immail.	4 (if applicable) 5 (if applicable)			
Committee Member Immail. Committee Member Immail. Committee Member Immail. Committee Member Immail.	4 (if applicable) 5 (if applicable)			
Committee Member anne.	4 (if applicable) 5 (if applicable)			