

**DEPARTMENT OF EDUCATIONAL STUDIES
PROGRAM OF STUDIES WORKSHEET
EDST – Ph.D.**

Original
 Revision

Specialization: _____ Student Number: _____

Surname: _____ Given Names: _____

Address: _____

Postal Code: _____ E-mail: _____

Home Phone Number: _____ Work Number: _____ Fax: _____

Date program begins: _____ Date program expires: _____

Pro tem Advisor: _____ Advisor's Phone: _____

Advisor's E-mail: _____ Advisor's Fax: _____

Program Requirements

Credits

Year 1 Courses:

EDST 601A First Year Doctoral Seminar

EDST 601B First Year Doctoral Seminar

Year 2 Courses:

EDST 602 Second Year Seminar

Other Courses:

Comprehensive Examination (0)

EDST 699 Doctoral Thesis

Approved: _____ Date: _____

Pro tem Advisor