Dept of	Phi) Studer	nt Audit Form				
Student Name: Doe, John			_			atriculation Date:	
		-0 -					
	urses: (15 H	Irs.)					
Course	Credit	Date	Grade	Written	Qualifying Exam		
	3 hrs.			Date	Grade	Date	Grade
	3 hrs.						
	3 hrs.						
	3 hrs.			Oral Qua	alifying Exam		
	3 hrs.			Date	Grade	Date	Grade
Core B Cor	urses: (12 H	Hrs)					
Course	Credit	Date	Grade				
	3 hrs.						
	3 hrs.			Advisory	Committee		
	3 hrs.			Name Ch	nair		
	3 hrs.			Name			
				Name			
Seminar:	(6 Hrs.)			Name			
Course	Credit	Date	Grade	-			
	3 hrs.						
	3 hrs.			Research	n Committee		
				Name Ch	nair		
Rotation:	(6 Hrs.)			Name			
Course	Credit	Date	Grade	Name			
	3 hrs.			Name			
	3 hrs.						
	(No Min/M	-			tion Proposal Pas	ssed: Forms:	7
Course	Credit	Date	Grade	Date			AAC
	3 hrs.						PoS
	3 hrs.						NTC
	3 hrs.	1					NOR
	3 hrs.					<u> </u>	Transfers
	3 hrs.				tion Passed:	Revals]
	3 hrs.			Date			
	3 hrs.						
	3 hrs.						
	3 hrs.						
	3 hrs.			Signatur	e:		
Other	3 hrs.	1					
							_
Thesis:	Credit	Date	Grade	Date:			

Transfer (hrs.					
Minor:						
Course	Credit	Date	Grade			
TOTAL:	12 hrs.		•			