



Study Plan Form

Student Name	QU ID:				
College/Dept	Student ORCID No.				
Degree	Diploma	PharmD	Professional Masters	Masters	PhD
List of Courses by Semester:					
	Semester 20	/20		Semester 20	/20
	Semester 20	/20		Semester 20	/20
	Semester 20	/20		Semester 20	/20
	Semester 20	/20		Semester 20	/20
	Thesis / Dissertation proposal submission		Semester 20	/20	
	Candidacy Exam		Semester 20	/20	
	Thesis Defense		Semester 20	/20	
	Candidacy		Semester 20	/20	
	Dissertation Defense		Semester 20	/20	
	Comprehensive Exam		Semester 20	/20	

Graduate Advisor Name:

Signature:

Date:

Associate Dean for Research and Graduate Studies

Signature:

Date:

Office of Graduate Studies

Date: