

Ph.D. SUPPLEMENTAL INFORMATION FORM

Name of Student

Guidance Committee

_____, Chair _____

While consistency is sought for all of our students, the EAC recognizes that the best graduate education will be achieved when a course program is tailored to meet the needs of a particular student. Therefore, when the EAC reviews a course program, it is important that the needs and plans of the particular student be known. For this reason, the Educational Advisory Committee will not consider a course program unless the Guidance Committee submits with the course program the following information:

1. Complete and careful review of the entrance requirements for the Ph.D. Confirm that the student has met the Department course requirements. In the case where the student has not met the full quarters required, please provide an explanation of any unusual circumstances regarding the deficiencies, and an indication of how the student will make-up the coursework. The EAC believes that an equivalent amount of training to that which students receive at UCR is valuable. However, since other Universities' classes do not always correspond with ours, if the Guidance Committee feels the courses have met the spirit of the requirement, please provide a brief summary of the topics covered in the courses.

2. A short statement of the immediate educational and career goals of the student:

3. A statement of the student's major area of specialization and two minor areas to be covered on the Qualifying Examination:

Date Entered Program

This is to certify that the above-named student has completed all departmental entrance requirements in the following specified manner:

BPSC 240 (at least 2): (1) _____ (2) _____
Quarter/Year Quarter/Year

3 GRADUATE COURSES WHICH SUPPORT MAJOR AREA: (2)_____

QUALIFYING EXAMINATIONS COMPLETED:

Written: _____

Oral: _____

PROPOSED DISSERTATION TITLE:

1

COURSES REQUIRED BY GUIDANCE COMMITTEE

 Name of Student

Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS
Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS

COURSES REQUIRED BY GUIDANCE COMMITTEE

Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS
Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS

PROJECTED DATE OF QUALIFYING OR COMPREHENSIVE EXAMINATION: _____

Major Professor Date_____
Guidance Committee Member Date_____
Guidance Committee Member Date 3

COURSEUnitsGradeDateInstitution

(Signature)
Approved

[illegible]