

Degree Planning and Progress Form (DPPF)

Student Name		Admission Year & Semester	
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Previous Education

Years	College/University Name	Major	Minor	Degree Type (e.g., BA, MA, MS)

Schedule of Courses

Theory & Statistics Courses

Course Number	Course Title	Hrs	Planned	Taken	Exempted	Semester and Year
SOC 681	Quantitative Data Analysis I	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 781	Quantitative Data Analysis II	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 651	Classical Sociological Theory	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 751	Contemporary Sociological Theory	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Research Design

Course Number	Course Title	Hrs	Planned	Taken	Exempted	Semester and Year
SOC 680	Social Investigation	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 780	Special Problems in Sociology (Research Practicum)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Research Methods Courses (6 hours)

Course Number	Course Title	Hrs	Planned	Taken	Exempted	Semester and Year
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Elective Courses (15 hours,12 hours in Sociology, 12 hours in specialization)

Course Number	Course Title	Hrs	Planned	Taken	Specialization	Semester and Year
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comprehensive Assessment Examination

	Examination Section	Pass D	Pass MA	Fail	Semester and Year
1 st Try	Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd Try	Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st Try	Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd Try	Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Second Year Paper

Advisory Committee

Advisor		Reader		Reader	
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Oral Defense

	Title	Date	Planned	Taken
1 st Try			<input type="checkbox"/>	<input type="checkbox"/>
2 nd Try			<input type="checkbox"/>	<input type="checkbox"/>

Qualifying Examinations

	Date	Area 1	Area 2	Planned	Taken
1 st Try				<input type="checkbox"/>	<input type="checkbox"/>
2 nd Try				<input type="checkbox"/>	<input type="checkbox"/>

Dissertation Proposal

	Title	Date	Planned	Taken
1 st Try			<input type="checkbox"/>	<input type="checkbox"/>
2 nd Try			<input type="checkbox"/>	<input type="checkbox"/>

Dissertation Defense

	Title	Date	Planned	Taken
1 st Try			<input type="checkbox"/>	<input type="checkbox"/>
2 nd Try			<input type="checkbox"/>	<input type="checkbox"/>

Doctoral Advisory Committee

	Name	Department/ Program	Date Appointed	Date Dismissed	Full	Associate	Co-Chair?
Chair					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOC Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Member					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures, Digital Signature is Acceptable

Advisor		Date	
Student		Date	

Please submit your most recent CV, transcript, and TA/RA evaluations by faculty. Put all documents in one PDF file. Name the file, Lastname_Firstname_DPPF2019.pdf