

Doctoral (Ph.D.) Degree Planning and Progress Form

This form provides a summary of graduate level work earned for the Ph.D. degree in Sociology. Please submit a copy to the DGS and to your advisor by February 1st (before the review of graduate students).

1. Name of Student:

2. Date of Initial Enrollment in Sociology Graduate Program at UK: Semester _____ Year _____

3. Masters Degree: College/University: _____

Major: _____ Year _____

Other College Degrees: School: _____ Area/Level: _____ Year _____

4. Schedule of Courses:

<i>A. Required Courses:</i>	Semester and Year Planned <i>or</i> Taken	Exempted by Graduate Committee
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Theory:

Sociology 651 (3 hours) _____		
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Sociology 751 (3 hours) _____		
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Methods and Statistics:

Sociology 681 (3 hours) _____		
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Sociology 682A (3 hours) _____ Quantitative (Survey Research or Comparative/Historical)		
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Sociology 682B (3 hours) _____ Qualitative		
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B. Area of Specialization 1:

<i>Course Number and Title:</i>	Semester and Year Planned <i>or</i> Taken		<i>If taken at another University:</i> Where taken: Person approving:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Area of Specialization 2:

<i>Course Number and Title:</i>	Semester and Year Planned or Taken	<i>If taken at another University:</i> Where taken: Person approving:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Additional Courses

<i>Course Number and Title:</i>	Semester and Year Planned or Taken	<i>If taken at another University:</i> Where taken: Person approving:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Advisory Committee Members: (3 required) Replacements: (if applicable)

_____ (Chair) _____

_____ (Co-chair [], _____
check if so)

Outside Member: _____ Department: _____

7. Qualifying Examination:

	<u>Semester</u> <u>Year</u> <u>Day</u>		<u>Semester</u> <u>Year</u> <u>Day</u>
Date Planned:	_____	If Exam is Re-taken:	_____
Written exam taken:	_____	Written re-taken:	_____
Date oral exam taken:	_____	Oral exam re-taken	_____

10. Applications for Research Grants

Date Submitted	Grant/Fellowship Program Name	Amount	Received? (Yes or No)

11. Papers Presented at Conferences (list most recent titles)

Date Presented	Paper Title	Conference Name	Location

12. Academic Department Functions Attended in Last Year:

14. Awards Received:

Name of Award:

Date:

_____	_____
_____	_____
_____	_____

15. Teaching Experience:

A. Teacher Training Course Taken:

Name of Course: _____ Date: _____ Instructor: _____

B. Courses Taught (one course per line)

Semester (F / SP / SM) / Year(s)

As a Teaching TA:

_____	_____
_____	_____
_____	_____

As a PTI:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please sign and present this form to your faculty advisor at least a week before the annual review.

15. Student Signature: _____ **Date:** _____

16. Advisor Signature: _____ **Date:** _____

ABD Doctoral (Ph.D.) Degree Planning and Progress Form

Please submit a copy to the DGS and to your advisor by February 1st (before the review of graduate students).

1. Name of ABD Student: _____

a. Area of Specialization 1: _____

b. Area of Specialization 2: _____

2. Date of Initial Enrollment in Sociology Graduate Program at UK: Semester _____ Year _____

3. Advisory Committee Members: (3 required) Replacements: (if applicable)

_____ (Chair) _____

_____ (Co-chair [], check if so) _____

Outside Member: _____ Department: _____

4. Date Qualifying Examination taken: _____

5. Date Dissertation Prospectus Successfully Defended: _____

6. Dissertation Title: _____

7. Applications for Research Grants

Date Submitted	Grant/Fellowship Program Name	Amount	Received? (Yes or No)

8. Papers Submitted for Publication

Date	Paper Title	Journal/Book Name	Result
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Appendix E. Learning Contract for an Independent Study Course

Date: _____ Semester: _____ Year: _____

Student Name: _____ Student No.: _____

Course Number & Title: _____ Credits: _____

Local Address: _____ Phone: _____

Major: _____ Current GPA: _____ Grading: [] Letter [] Pass/Fail

Year: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Graduate _____

Faculty Member Directing Project: _____

Title of Project: _____

1. Timetable for Work and Completion (indicate frequency of consultation):

2. Briefly describe your learning objectives or the goals to be accomplished in this course:

3. Briefly describe the methods you will use to accomplish these goals (e.g., materials you will read, interview, analysis of data, etc.):

4. Briefly describe the ways the faculty member directing this project will evaluate your progress and the products that you intend to produce with your work.

Signatures:

Student

Project director

Department Chair

