ANNUAL STATUS REPORT FOR GRADUATE STUDENTS URI/RIC Ph.D. in Education Program

Student Name:		Date:
Provide one of the following:		
Major Professor Name :		_
Initial Advisor Name :		
Please indicate all completed requireme	nts	
Program of Study Date	Submitted :	Date Updated:
Qualifying Examination: NA_	OR Date Passed :	
Course Work Completed: EDP 610 & 611 (Core IA & EDP 620 & 621 (Core III A & EDP 630 & 631 (Core III A EDP 641 Number of semest EDP 612 EDP 613 EDP 622 EDP 623 Specialization Courses taken (& IIB) & IIIB) ters completed: (minimum = 4) names, institutions, and dep	
Written Comprehensive Exam Oral Comprehensive Exam		
Dissertation Proposal Hearing	Date:	
IRB Approval	Date:	<u></u>
Dissertation Credits (12 required) Number of EDP 699 credits comple	ted:	-
To be completed by Initial Advisor or Ma Overall Progress Assessment: Sati	5	Jnsatisfactory
Comments: MUST BE SIGNED BY STUDENT A	ND MAJOR PROFESSO	R OR INITIAL ADVISOR
Student Signature:		
Major Professor or Initial Advisor Sig		
Student sends completed form to Co-Dire		