

**HUMAN DEVELOPMENT Ph.D. PROGRAM
APPROVAL of INDIVIDUAL PROGRAM OF STUDY (FORM D)**

Return this completed form to the HDGG Graduate Program Coordinator.

Name: _____ **Current Date:** _____

ID: _____ **Year Entered:** _____

Courses remaining to complete (as of date noted below):

_____	_____
_____	_____
_____	_____
_____	_____

Is this approval subject to other conditions (e.g., letters needed from course instructors)?

No Yes

Conditions (if any): _____

Approved: _____ **Date:** _____

Chair, HDGG Curriculum Committee

Follow-up to conditional approval:

Sign here when conditions have been fulfilled (may be completed by Program Faculty Graduate Adviser or Individual Faculty Adviser):

Name: _____ Date: _____

check one: Program Faculty Graduate Adviser Individual Faculty Adviser