

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

Please photocopy this form as needed. 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 Major Professor):

Name: _____ Date: _____

check one: Graduate Adviser Major Professor