

**SOUTHERN ILLINOIS UNIVERSITY CARBONDALE  
COLLEGE OF EDUCATION AND HUMAN SERVICES**

**Ph.D. in Education Program of Study**

Student Name: \_\_\_\_\_ Student Identification #: \_\_\_\_\_

Concentration: \_\_\_\_\_ Specialty (if any): \_\_\_\_\_

*Submit FOUR (4) signed copies to the Dean's Office. Copies will be distributed to: Student, Committee Chair, Department Chair (or the unit's Director of Graduate Studies), and College Dean (or Director of PhD Program in Education).#*

**Research Methods**

Course	Semester Credits	Course Title	Date completed or planned	Grade
GFWE'727	3	Introduction to Quantitative Research Methods	_____	_____
EAHE 587	3	Introduction to Qualitative Research	_____	_____

At least one additional research methods course is required (to be approved by doctoral committee):

\_\_\_\_\_

Other research methods courses:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**College Cognate**

Course	Semester Credits	Course Title	Date completed or planned	Grade
EDUC 510	3	Introduction to Doctoral Studies in Education	_____	_____
EDUC 511	3	Doctoral Seminar in Philosophical and Cultural Foundations of Education	_____	_____
or*				
EDUC 512	3	Doctoral Seminar in Behavioral and Cognitive Foundations of Education	_____	_____

\*Both EDUC 511 and EDUC 512 can be taken. The second course can be counted as an elective.

**Additional Concentration (and Specialty Area) Requirements**

Course	Semester Credits	Course Title	Date completed or planned	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____ 600	24	Dissertation	_____	_____

**Electives**

Course	Semester Credits	Course Title	Date completed or planned	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours: \_\_\_\_\_

Committee Signatures \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature \_\_\_\_\_

At least two other members:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date Department Chair (or Director of Graduate Studies)

\_\_\_\_\_ Date Dean, College of Education and Human Services (or Director of PhD Program in Education)