



# MARQUETTE UNIVERSITY GRADUATE SCHOOL

## DOCTORAL PROGRAM PLANNING FORM AMENDMENT

Use this form to make changes to your doctoral program and to your original *Doctoral Program Planning Form (DPPF)*. If you omit information or signatures, the Graduate School will return the unapproved form to you. As soon as the Graduate School approved or rejects this form, we will notify you at the address you provide on this form. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

### STUDENT INFORMATION

Name:	<input type="text"/>	MUID #: 00-	<input type="text"/>
Street Address:	<input type="text"/>	Daytime Phone:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Email Address:	<input type="text"/>	Zip Code:	<input type="text"/>
Program:	<input type="text"/>	Adviser:	<input type="text"/>
Specialization:	<input type="text"/>	Term & Year Began PhD Program:	<input type="text"/>
		Date of Original DPPF:	<input type="text"/>

### CHANGE IN REQUIRED GRADUATE CREDITS - List only the changes to your DPPF, and include the reason(s) for the change.

**REMOVE:** Course Number:  Full Course Title:

Institution:  Credits:

**INSERT:** Course Number:  Full Course Title:

Institution:  Credits:

Reason:

**REMOVE:** Course Number:  Full Course Title:

Institution:  Credits:

**INSERT:** Course Number:  Full Course Title:

Institution:  Credits:

Reason:

**REMOVE:** Course Number:  Full Course Title:

Institution:  Credits:

**INSERT:** Course Number:  Full Course Title:

Institution:  Credits:

Reason:

**CHANGE IN LANGUAGE REQUIREMENTS** - List only the changes to your DPPF. Please explain what is being altered.

- French \_\_\_\_\_  German \_\_\_\_\_  Greek \_\_\_\_\_  Hebrew \_\_\_\_\_  
 Japanese \_\_\_\_\_  Latin \_\_\_\_\_  Spanish \_\_\_\_\_  Other \_\_\_\_\_

**Please explain what is changing:**

**CHANGE IN RESIDENCY REQUIREMENTS** - List only the changes to your DPPF, and include the reason(s) for the change.

**Minimum Residency Requirements** - Residency requires enrollment in at least nine credits of coursework during each of two semesters within 18 months of each other or six credits per term for three terms within an 18 month period. Students may use a combination of coursework, dissertation credits, and/or continuation coursework to meet the residency requirement. Residency may not be satisfied by continuation courses alone.

First residency semester:  Fall  Spring  Summer Session Year:

Second residency semester:  Fall  Spring  Summer Session Year:

Third residency semester (if applicable):  Fall  Spring  Summer Session Year:   N/A

**Please explain reason for change in residency:**

**APPROVAL**

When signed by all parties, the Doctoral Program Planning Form Amendment becomes a contract between the student and Marquette University.

Student Signature:  Date:

Adviser Signature:  Date:

DGS or Chair Signature:  Date:

Graduate School Signature:  Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL