



**ACADEMIC PROGRAM OUTLINE – DOCTORAL DEGREE
Fulbright Foreign Student Program**

PART ONE: To be completed by the student.

NAME: _____

UNIVERSITY: _____

DEGREE OBJECTIVE: _____

MAJOR: _____

PROGRAM START DATE: _____

MAXIMUM FUNDING DATE (MFD): _____
(according to Terms of Appointment)

PART TWO: To be completed by the student in conjunction with the academic advisor.

COURSE REQUIREMENTS

1. Your doctoral program includes:

- _____ Minimum credits/units for coursework
- _____ Minimum credits/units for your dissertation
- _____ TOTAL NUMBER OF CREDITS/UNITS REQUIRED FOR DEGREE
- _____ Number of credits/units waived because of previous work
- _____ REMAINING CREDITS/UNITS REQUIRED FOR DEGREE

2. How many credits/units are required for full-time status for graduate students per academic term? _____

3. How many academic terms of residence are required for the doctoral program? _____

4. ESTIMATED DATE OF COMPLETION OF COURSEWORK (Month/Year): _____

EXAMINATION REQUIREMENTS (Please specify expected dates.)

1. Your doctoral program requires the following examinations:

- _____ Qualifying examination(s) _____ Comprehensive examination(s)
 Oral Written Oral Written
- _____ Foreign language examination(s) _____ Other examination(s): _____

DISSERTATION REQUIREMENTS

1. Topic of dissertation:
2. **ESTIMATED DATE YOU WILL COMPLETE ALL ACADEMIC PROGRAM REQUIREMENTS, INCLUDING DISSERTATION:**

(MONTH/YEAR)

It is essential that this date be as accurate as possible. Your scholarship will end on the date indicated above or on your Maximum Funding Date (see your Terms of Appointment), whichever comes first.

PART THREE: To be completed by the student in conjunction with the academic advisor.

Please indicate the course number, title, and number of credits you anticipate taking throughout your doctoral program. If it is unknown at this time what courses will be available beyond the fall term, please indicate the approximate number of credits your advisor and you expect you will take to remain enrolled as a full-time student in each term. **This form must be completed in full, or it will be returned to you.**

Academic Year 20__ - 20__

Academic Year 20__ - 20__

Fall Term

Fall Term

Winter Term (if applicable)

Winter Term (if applicable)

Spring Term

Spring Term

Summer Term

Summer Term

Please note: Fulbright Foreign Student Scholarship funding is only guaranteed for twenty-four (24) months. Fulbright grantees are expected to seek out and secure other sources of funding to complete doctoral programs.

Academic Year 20____ - 20____

Academic Year 20____ - 20____

Fall Term

Fall Term

Winter Term (if applicable)

Winter Term (if applicable)

Spring Term

Spring Term

Summer Term

Summer Term

PART FOUR: Academic advisor's and student's signatures.

Please sign this form and return it to your AMIDEAST-Fulbright advisor as soon as possible.

STUDENT'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

ADVISOR'S NAME: _____ DEPARTMENT: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____