

# WAYNE STATE UNIVERSITY

## COLLEGE OF LIBERAL ARTS AND SCIENCES

**Doctor of Audiology  
Plan of Work**

**Department of Communication  
Sciences and Disorders**

Name \_\_\_\_\_ Date \_\_\_\_\_

ID # \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Advisor    Dr. \_\_\_\_\_ Entrance date \_\_\_\_\_

Degrees earned:   X   Bachelor's    Master's    Other

Program of Study:   X   Four-year Au.D.

**INSTRUCTIONS**

1. List all WSU credit earned or to be earned which you wish to apply toward fulfillment of Au.D. requirements
2. Obtain approval from academic advisor and submit to Departmental Office.
3. Once Graduate Officer signs approval, the form will be submitted to the College.

### WAYNE STATE UNIVERSITY GRADUATE COURSES

Dept.	Number	Course Title	List credit hours in appropriate column			Semester/Yr.
			Major	Cognate	Elective	



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Graduate Officer

Date

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College Graduate Office

Date