

## Doctor of Audiology Plan of Work

2.

3.

## Department of Communication Sciences and Disorders

Name	Date
ID #	Telephone
Address	
Advisor <u>Dr.</u>	_ Entrance date
Degrees earned: X Bachelor's _	Master's Other
Program of Study: X Four-ye	ar Au.D.
INSTRUCTIONS  1. List all WSU credit earned or to be earned.	ed which you wish to apply toward fulfillment of Au.D. requirements

## WAYNE STATE UNIVERSITY GRADUATE COURSES

Obtain approval from academic advisor and submit to Departmental Office.

Once Graduate Officer signs approval, the form will be submitted to the College.

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

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Doctor of A Plan of Wo		Department of Communication Sciences and Disorder			
Dept. Number	Course Title	Major	Cognate	Elective	Semester/Y
	r of credit hours in each category credits toward Doctor of Audiology				

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Date

**Advisor Signature** 

Date

**Student Signature** 



Doctor of Audiology		Departmen	t of Communication
Plan of Work		Sci	ences and Disorders
Graduate Officer	 Date	College Graduate Office	 Date

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