

## Program of Study ADV Form 3

IMAGING: GRSStudylist Admit Year/Term:

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Name				Department		
BYUID					Graduate Program	
Current Mailing Address					Graduate Degree	
COSA.	State or Province	Postal Cod	10	`ounlar	Program Type (Dissertation, Thesis, Project, Non-th	ngeis)
City	State of Province	Postal Cod	ie C	Country	Trogram Type (Dissertation, Thesis, Froject, North	icoloj
Felephone Number	ar Admittad:	E-mail Addre	ess		Master's credit hours to apply toward doctorate:	
Semester/Term and Year Admitted:  Fall Winter Spring Summer  Year				Year	apply toward doctorate.	
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Department and Course Number	Requirement Type*	Requirement Satisfied By*	Credit Hours		Course Title	
					V	
See page 2 for Program equirement Satisfied B		nt Type, and		Total must inclu	de at least the minimum credit hours required for the or, elective, and thesis hours. (Do not include prereq	e degree, calculate
Doctoral Skill Requirem			Total Hours			
See item 4 on page 2.)						
				ommittee A		
Maste	er's committees mu If a minor	st consist of at leas has been approved	t 3 graduate fa i, one of the co	culty. Doctoral co mmittee member	nmmittees must consist of at least 5 graduate faculty is must be from the minor department.	y.
Printed Name of Graduate Committee Chair				Signatu	e of Graduate Committee Chair	Date
Printed Name of Graduate Committee Member				Signatur	e of Graduate Committee Member	Date
Printed Name of Graduate Committee Member					e of Graduate Committee Member	Date
Printed Name of Graduate Committee Member					e of Graduate Committee Member	Date
rinted Name of Gradua	te Committee Mem	ber		Signatur	e of Graduate Committee Member	Date
rinted Name of Gradua	te Coordinator or D	epartment Chair		Signatur	e of Graduate Coordinator or Department Chair	Date