

PhD Student Information

Student Name _____ OSU ID _____

Student Signature _____ Date _____

Faculty Advisor _____

Specialization Information

Indicate whether this is your initial plan or you are making changes to your plan. **Select one.**

Initial Specialization Plan

Updated Specialization Plan

Specialization Course Content - 9 credits required
List the courses that you propose for your specialization. At least two courses must be taken outside Social Work.

Specialization Title:

Briefly describe your specialization:

Dept.	No.	Course	Credit Hours	Term	Year
Total (must = 9 or greater)					

Faculty Advisor Agreement and PhD Program Committee Approval by Signature

Faculty Advisor Signature _____ Date _____

PhD Program Director Signature - on behalf of the PhD subcommittee _____ Date _____