

DEPARTMENTAL PROGRAM OF STUDY FOR THE PH.D. IN RELIGIOUS STUDIES

This form is to be completed no later than during the 4th semester

1. **Name of Student:**
2. **Local Address:**
3. **Previous Academic Work** (include degrees, year granted and granting institutions):

4. **Courses to be Transferred** (24 s.h. maximum):

From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.
From:	Course:	s.h.

Total number of transfer hours:

5. **Date of Entrance into the Program:**

6. **Course Work:**

- a. **Required Courses:** (3 courses of the 4-course sequence should be completed, one should be in progress)

RELS:5400 Methods & Theories in the Study of Religion

Semester: _____ Grade: _____ s.h. 3

RELS:5300 Genealogies of Religion

Semester: _____ Grade: _____ s.h. 3

RELS:5200 Varieties of Religion in the Contemporary World

Semester: _____ Grade: _____ s.h. 3

RELS:5100 Teaching & Public Engagement on Topics of Religion

Semester: _____ Grade: _____ s.h.

b. Graduate Seminars (4 required)

Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.

c. Individual Course Requirements (as described in your Dept Program of Study-list completed courses)

Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.

Total number of s.h. of individual requirements completed: s.h.

d. Coursework in progress:

Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.

Total number of s.h. in progress: s.h.

e. Coursework yet to be completed:

Semester	Course:	Grade:	s.h.
Semester	Course:	Grade:	s.h.

Total # s.h. yet to be completed: s.h.

7. Summary of semester hours: (72 s.h. required for the Ph.D.)

Total Number of Transfer Hours: s.h.

UI course work completed (s.h.)

- a. Four required courses: s.h.
- b. Required seminars: s.h.
- c. Individual course requirements: s.h.
- d. Coursework in progress s.h.

Total hours transferred, earned & in progress: s.h.

8. Language competence

Language: _____ Date Passed: _____

Language: _____ Date Passed: _____

Language: _____ Date Passed: _____

9. Comprehensive Examinations

Anticipated date for written examinations:

Student's signature (*Student: Save this for your records and email the completed and signed form to your Advisor*)

Advisor's signature, reflecting approval of the Core Advisory Committee
Advisor: Save this for your records and email to the Director of Graduate Studies.

This program was approved by the Department of Religious Studies faculty at its meeting on:

Director of Graduate Studies