

**FORM F: PROGRAM OF STUDY
Ph.D. Program in Business Administration**

Name: _____

Date of Candidacy Exam: _____

Department Field: _____
Courses

Supporting Field: _____
Courses

Research Methods Field (including Interdisciplinary Business Research) _____

This program of study has been agreed upon by the following individuals and satisfies university, college, and department requirements.

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Signature of Student

Date

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Signature of Departmental Ph. D. Coordinator or Doctoral Committee Chair **Date**

Please see “Doctoral Degree Requirements” at the following website for additional information: <http://bulletins.psu.edu/graduate/programs/B/GRAD%20B%20A>

Return completed form to Ph. D. / M.S. Office