

**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.

Signature of Student Date

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