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**PROGRAM OF STUDY ADJUSTMENT FORM FOR DOCTORAL DEGREES**

* **Copies of all previously approved Program of Study (POS) Forms and copies of all previously approved POS Adjustment Forms must be included/attached with the submission of this form.**
* **List coursework adjustments in chronological order.**
* **Departments/Programs may choose to submit a revised Program of Study Form instead of a Program of Study Adjustment Form.**

*Form Fields Must Be Typed.**Authenticated Digital Signatures (Adobe or DocuSign) Are Required.*

|  |  |
| --- | --- |
| **Student Name:**       | **EMPLID (9 digits):**       |
| **FSU Student E-mail:**       | **Department/Program:**  |
| **Major Name and Academic Plan Code:** | **Check One: EDD:       PHD:**  |
| **Are all previously approved Program of Study Forms included with this submission?**  | **Yes [ ]**  | **No [ ]**  |  |
| **Are all previously approved Program of Study Adjustment Form included with this submission? (if applicable)** | **Yes [ ]**  | **No [ ]**  |  |

This adjustment form will act as an amendment to your previously approved Program of Study (POS) Form and (where applicable) previously approved adjustment form(s) on file in the Office of Academic Services and Intern Support (OASIS). In the POS adjustment section below, you must include each course's prefix/number, title, number of hours, and semester/year. Preferred wording for the adjustment is "add," "remove," and "replace." *The changes below must comply with university, college, and department/program requirements.*

Failure to submit this form or a revised Program of Study form to OASIS promptly after changes are approved by the advisor/major professor or academic program will delay graduation clearance. An accurate program of study must be on file in OASIS to be eligible for degree conferral.

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| **COURSEWORK ADJUSTMENT(S) REQUESTED:** |
| **1. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **2. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **3. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **4. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **5. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **6. Original Course Prefix and Number** | **Original Course Name** | **Original Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
| **Amendment to Original Course Prefix and Number** | **Choose One:****Add: [ ]  Remove: [ ]  Replace (with): [ ]**  | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
|  |  |  |  |
|  |
|  **Semester in Which Graduation is Planned**:  |  |  |
| **Total Graduate Hours + Exam or Dissertation** |  |  |
| **Non-degree seeking student Internal Transfer Credits** |  |  |
| **Total Transfer Credits** |  |  |
| **Final Total** |  |  |
| **Supervisory Committee#**A minimum of 4 members who hold Graduate Faculty Status (GFS) at FSU is required – 2 members, including the major professor, must be from the major in which the student will receive a degree. One member, the University Representative, shall represent the graduate faculty at-large. Additionally, the University Representative must be a tenured member of the FSU faculty. |
| **Committee Members (Signed and Typed) Department/Program Directive Status** |
| (Co-)Major Professor: |  | GFS [ ] Co-directive status [ ]  |
|  Typed Name:  |
| (Co-)Major Professor (if applicable):  |  | GFS [ ] Co-directive status [ ]  |
|  Typed Name:   |
| University Representative:  |  | GFS [ ] Tenured: [ ]  |
| Typed Name:   |
| Member: |  | GFS [ ] Co-directive status [ ]  |
|  Typed Name: |  |  |
| Member: |  | GFS [ ] Co-directive status [ ]  |
| Typed Name: |  |  |
| Member: |  | GFS [ ] Co-directive status [ ]  |
|  Typed Name: |
| Student Signature: Date:   |
| Department Chair or Representative: Date:   |
| Academic Dean or Representative: Date:  |

*November 2024 v2*

**Doctoral Student Program of Study Deadlines**

*#*A major professor/advisor must be assigned for all graduate students no later than the seventh week of their semester of admission.

1. A doctoral student will submit to the Office of Academic Services and Intern Support (OASIS) no later than the third semester after admission, a completed Program of Study that includes the signatures of the Major Professor(s) and Department Chair. Example: Fall 2025 admitted students have a Summer 2026 POS submission deadline. Some programs/departments may have earlier deadlines. Consult your department/program Graduate Handbook or contact your advisor.

(Department/program staff initiate the form submission.)

2. The two departmental committee member names and signatures must be submitted to OASIS in the semester in which the doctoral student is registered for the Preliminary Exam via the College Supervisory Committee Revision Form.##

(Department/program staff initiate the form submission.)

3. The name and signature University Representative must be submitted to OASIS with the doctoral student’s Dissertation Prospectus Clearance Form via the College Supervisory Committee Revision Form.##

##Online EDD students in the Educational Leadership/Administration program must have a complete and valid supervisory committee at the time of Preliminary Exam.

(Department/program staff initiate the form submission.)

Some programs/departments may have earlier deadlines. Consult your department/program Graduate Handbook or contact your advisor.