This form should be filled out on your computer, then saved with a new file name to your local disk. Next, print the form and obtain the necessary signatures.

Last Name:		First Name:		MI:	USC ID:
Street:		City:		State:	Zip:
Email:			Phone:		
Degree:	Major:			Track:	

Admitted to Doctoral Candidacy:		**Foreign Languages required:**	**Date Completed**
Advisory Committee Approved:			

Doctoral Residency Requirement

Please select one option and document the terms and coursework that satisfies the requirement

(●) **Option 1:** Two consecutive full-time (9-credit hour) semesters   ( ) **Option 2**: Approved program-specific alternative

Term	Year	Course Numbers (with credit hours)

Program of Courses

In the spaces provided below, list all courses for which approval is requested in the doctoral program, including dissertation courses.
Example: ENGL 751 Amer. Novel in 20th Cent. This program must include at least 18 semester hours, other than 899, which are not used for any other degree program. Do not list courses not specifically required for this student's doctoral program. Note that any course on this program which exceeds the 10-year limit before the degree is awarded must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken

Approval Signatures

Student	Date	
Major Professor	Date	
Graduate Director of Program or School	Date	
Dean of the Graduate School	Date	

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Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken

Approval Signatures

****BOTH PAGES MUST BE SIGNED IF COURSEWORK EXTENDS TO SECOND PAGE*****

Student   Date   **Graduate Director of Program or School**   Date

Major Professor   Date   **Dean of the Graduate School**   Date

Print Form

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