

Retention Requirement Form

PhD Degree Program for ECED

Student's Name _____ E# _____

Field of Study _____ Collateral _____ Date _____

Remarks or Conditions:

(See attached disposition checklists for first 3 courses)

Asked to leave program due to unsatisfactory summaries of
academic achievement, dispositions, or both

Invited to continue in the program

Signatures:

Student _____

Initial Advisor/Doctoral Coordinator _____

Note: This form is to be completed by PhD Co-Coordinators and student after completion of 9 hours in the program.