



# Interfield Ph.D. Program Proposal

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Student Name \_\_\_\_\_ Student ID# 254 - \_\_\_\_\_  
(first name) (last name)

Name of Interfield Degree: \_\_\_\_\_

Number of Transfer Units: \_\_\_\_\_

CGU COURSES			
Number and Title	Units	Number and Title	Units

Qualifying Exams	
Subject Field Qual Exam # 1 :	_____
Subject Field Qual Exam # 2:	_____
Subject Field Qual Exam # 3:	_____
Subject Field Qual Exam # 4:	_____

Advisor # 1	Advisor # 2
Print name _____	Print name _____
Signature _____	Signature _____
Date: _____	Date: _____

Student Signature _____	Date: _____
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