

## DOCTORAL DEGREE CHECK SHEET

Office of Doctoral Studies ▪ 82 Washington Square East, 2nd Floor, NY, NY 10003-6680 ▪ (212) 998-5044

**STUDENT INFORMATION:**

		<b>N</b>	
First Name		Last Name	
		ID Number	
Department	Program	Program Code	Email Address
Degree Objective (PhD/EdD)	Date of Matriculation	Date of Admission to Candidacy	Date of Proposal Approval
Academic Advisor	Dissertation Committee Chair	Dissertation Committee Member	Dissertation Committee Member

**Course Distribution for the Above-Named Student**

STEINHARDT REQUIREMENT	REQUIRED NUMBER OF POINTS	COURSE NUMBER	COURSE TITLE	NUMBER OF POINTS	SEMESTER/ YEAR
Foundations	6				
Cognate	6				
Department Seminar	3				
Diss Proposal Sem	3				
Specialized Research	3				
Research Electives	15				
Specialization (program requirements in addition to the 36 points above)	Indicate number of points: _____ (point requirement varies by program)				

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Dissertation Chair or Academic Advisor