**Center for Public Administration and Policy**
**Virginia Tech**
**PLAN OF STUDY – PH.D. PROGRAM**

Student Name _____ ID# _____

| **FOUNDATION COURSES (18 CREDITS)*** | | | | | |
|---|---|---|---|---|---|
| **Field** | **Required course(s)** | **Semester Taken** | **Year Taken** | **Grade** | **Credits** |
| Theory and Context | PAPA 6014 Public Administration Theory and Context<br>*or:* | | | | |
| Organizations | PAPA 6114 Complex Public Organizations<br>*or:* | | | | |
| Public Policy | PAPA 6214 Public Policy Processes<br>*or:* | | | | |
| | PAPA 6224 Policy Design, Implementation, and Evaluation<br>*or:* | | | | |
| Management | PAPA 6344 Leadership and Management Processes<br>*or:* | | | | |
| Ethics | PAPA 6414 Normative Foundations<br>*or:* | | | | |

* NOTE: in rare instances of an approved transfer course, include University where taken, Course Number, Title)

**RESEARCH FOUNDATIONS, ANALYSIS, AND MEASUREMENT TOOLS (9 CREDITS)**

| **Course** | **Semester Taken** | **Year Taken** | **Grade** | **Credits** |
|---|---|---|---|---|
| Cornerstone / Capstone A PAPA 6294 | | | | |
| PAPA 6514 | | | | |
| Intermediate/Adv Statistics or other quant/qual methods course:<br>Specify course: _____ | | | | |

| **QUALIFYING EXAMINATION** | | | | |
|---|---|---|---|---|
| Field: | Field: | Field: | Oral exam date: | **Date exam passed:** |
| Field: | Field: | Field: | Oral exam date: | |

| ELECTIVE COURSEES (18 CREDITS) | | | | | |
|---|---|---|---|---|---|
| | **Course Number and Title** (e.g., PAPA #### or EDRE ####) | **Semester Taken** | **Year Taken** | **Grade** | **Credits** |
| Elective | | | | | |
| Elective | | | | | |
| Elective | | | | | |
| Elective | | | | | |
| Elective | | | | | |
| Elective | | | | | |

**RESEARCH CONCENTRATION (12 CREDITS)**

**Working with a faculty advisor, the student will define 9 credit hours as research concentration**

| | **Course Number and Title** (e.g., PAPA #### or EDRE ####) | **Semester Taken** | **Year Taken** | **Grade** | **Credits** |
|---|---|---|---|---|---|
| Concentration | | | | | |
| Concentration | | | | | |
| Concentration | | | | | |
| PAPA 6974 Concentration Lecture | Date, title of presentation: | | | | |

| CAPSTONE (3 CREDITS) | | | | | |
|---|---|---|---|---|---|
| | | **Semester Taken** | **Year Taken** | **Grade** | **Credits** |
| PAPA 6394 | | | | | |

| RESEARCH AND DISSERTATION (30 CREDITS) | | | | |
|---|---|---|---|---|
| **Course Number and Title** | | **Semester Taken** | **Year Taken** | **Credits** |
| PAPA 7994 Research and Dissertation Hours (total minimum of 27 hours) | | | | |
| PAPA 7994 Research and Dissertation Hours | | | | |
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| PAPA 7994 Research and Dissertation Hours | | | | |
| PAPA 7994 Research and Dissertation Hours | | | | |
| PAPA 7994 Doctoral Mentoring Program | Date 15 sessions completed: | | | |

| RESEARCH MILESTONES | |
|---|---|
| **Requirement** | **Date Completed** |
| Preliminary Exam (Graduate School) – Prospectus Defense | |
| Final Exam (Graduate School) – Dissertation defense | |

| NON-COURSE COMPONETS | |
|---|---|
| Scholarly Ethics and Integrity Requirement | Committee Chair Initials: |
| Inclusion and Diversity Requirement (**optional**) | Committee Chair Initials: |

CPAP Faculty Signature

**FACULTY APPROVALS**

**REVIEW OF TRANSFER ADVISING**

***Transfer credits contained in this plan of study were reviewed and approved by the following faculty members:***

| | | |
|---|---|---|
| CPAP Faculty Signature | (print name) | Date |
| CPAP Core Faculty Signature | (print name) | Date |

| SUMMARY OF ACADEMIC CREDITS | |
|---|---|
| | **Credits** |
| Total Transfer Course Credits (maximum of 42 hours) | |
| Total VT Course Credits | |
| Total Research and Dissertation Credits (minimum of 30 credits) | |
| TOTAL Credits for the Ph.D. Degree (minimum of 90 credits) | |

**PLAN OF STUDY APPROVAL**

***This proposed plan of study has been reviewed and approved by the following members of the student's advisory committee:***

| | | |
|---|---|---|
| _____ | _____ | |
| Student | Date | |
| _____ | _____ | _____ |
| Committee Chair Signature | (print name) | Date |
| _____ | _____ | _____ |
| Committee Member Signature | (print name) | Date |
| _____ | _____ | _____ |
| Committee Member Signature | (print name) | Date |
| _____ | _____ | _____ |
| Committee Member Signature | (print name) | Date |

Received by CPAP Office Manager: _____
Date

Original Banner Entry: _____
Date