

**Doctorate in Agricultural and Extension Education  
Progress to Graduate Degree Form**

Please complete, sign and submit this form to the Graduate Assistant, 114 Ferguson, by the end of the first week of every semester, summarizing the progress made to the end of the previous semester. Full-time students please attach your Professional Experiences.

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
(please print) (please print)

**PSU ID:** \_\_\_\_\_ **First Semester Enrolled at Penn State:** \_\_\_\_\_

The information on this form is correct. I expect to complete my Agricultural and Extension degree requirements by the end of:

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ 20 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**English Competency/Proficiency**

\_\_\_\_\_ **Exam not required**      \_\_\_\_\_ **Pass**      \_\_\_\_\_ **Coursework in Progress**

**None of the above**  
**(explanation)** \_\_\_\_\_

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**Coursework:**

Please put the course number (AEE/YFE \*\*\*) if not listed, semester taken, instructor, number of credits and grade. Also, list the courses you will take this semester:

Doctorate students must successfully complete the three (3) prescribed courses listed below.

Program Required Courses	Semester	Grade	Instructor
AEE 501 (3)			
AEE 590 (2)			
English 511 (3) or English 418 (3)			

AEE Core Requirements – 3 credits in each core area: total of 15 credits at the 500-level or above.

AEE Core Requirements	Course Number	Semester	Credits	Grade	Instructor
Educational Processes					
Communications/ Leadership Development					
Program Development and Evaluation					
Research					

<b>Additional Requirements</b>	<b>Course Number</b>	<b>Semester</b>	<b>Credit</b>	<b>Grade</b>	<b>Instructor</b>
Additional Research Course (3 credits)					
AEE 600/610 (max 12 credits)					

<b>Degree Credit Total</b>	<b>Semester Completed</b>
Minimum 75 Credits (master's course count towards this) (maximum of 12 credits of AEE 600/610)	
Minimum or 18 credits at the 500-level or above	

<b>Additional Credits</b>	<b>Semester</b>	<b>Grade</b>	<b>Credits</b>	<b>Instructor</b>

<b>Courses 500 level or above</b>	<b>Grade</b>	<b>Credits</b>
<b>Total (&gt; or = 18 credits)</b>		

<b>Total Credits Completed to Date</b>	
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Courses for this Semester	Instructor

**Members of Dissertation Committee:**

Advisor	Member	Member	Member	Outside Member

Date Thesis Committee was Formed: \_\_\_\_\_ Date form submitted to Office: \_\_\_\_\_

**PhD Candidacy:**

Please put the date of the exam if you have passed the exam or the number of attempts if you have not yet passed: \_\_\_\_\_ Date copy on file with the department: \_\_\_\_\_

**Comprehensive Exam**

Date of Request for Comprehensive Exam form \_\_\_\_\_ (3 weeks prior to exam)

Date of exam: \_\_\_\_\_ Outcome (pass/retake/fail) \_\_\_\_\_

Date copy of file with the department: \_\_\_\_\_

**Publications, Proceedings, or Abstracts**

List any papers on which you are first author or co-author. The venue is the journal, proceedings or book in which the work is published. Please submit copy of article to the department.

Title	First Author or Co-author	Date	Venue	Submitted/ Accepted	Copy submitted to department

**Dissertation Defense**

Date of Request for Oral Defense Exam form \_\_\_\_\_ (3 weeks prior to exam)

Date of exam: \_\_\_\_\_ Outcome (pass/retake/fail) \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

**Work and Residence Record**

**In residence ---**      **R** if you were on campus and registered as a student  
                                  **L** if on leave  
                                  **E** if a full-time University employee

**Support ---**            **GA** Graduate Assistance  
                                  **FS** Fellowship  
                                  **SC** Scholarship  
                                  **NONE** if unsupported by PSU  
                                  **OTHER**

Semester	In Residence	Number of Credits	Support

**Advisor completes this section.**

I have reviewed the information provided by the student and find the progress toward degree completion is:

    \_\_\_ **SATISFACTORY**                      \_\_\_ **UNSATISFACTORY**

**Advisor Name** (please print): \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**If Unsatisfactory why and plan of action** (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Graduation Check-Out:**     \_\_\_ **Approved**     \_\_\_ **Unapproved**

**Graduate Program Coordinator Signature:** \_\_\_\_\_