

INDIVIDUAL PH.D. (IPHD) PROGRAM APPLICATION
UNIVERSITY OF WASHINGTON, THE GRADUATE SCHOOL

Applicant name:	Email:
Street Address 1:	
Street Address 2:	
City:	State:
Province/Country:	
Current Academic Unit:	Last Quarter at UW:

Previous Degrees	Field	University	Year Awarded

Proposed Field of Study:
Tentative Dissertation Title:

Proposed Supervisory Committee Statement

We find that:

1. This proposed Individual Ph.D. program of study (a) is well-considered, (b) provides adequate preparation for a Ph.D. degree, and (c) is not currently provided for within academic units authorized to offer a Ph.D. degree at the University.
2. Our Graduate Program Coordinator(s) has been informed about this student and the proposed research program to verify that this program cannot be completed in my academic unit.
3. Existing library, laboratory, and research facilities are adequate for this special program.
4. The applicant is qualified to attempt the program.

This supervisory committee consists of at least three members of the Graduate Faculty who represent the applicant's fields of interest; two graduate faculty members are from two different departments/units that offer a Ph.D. We are willing to serve as a Supervisory Committee for the applicant's program and, if the application is approved, we accept the responsibility of conducting an annual review of the student's progress to be submitted to the Standing Review Committee in addition to ensuring the coursework, research requirements, and the General and Final Exams are completed in a timely manner and within the IPhD program requirements.

Committee	Name	Department	Signature	Grad. Fac. (Y/N)	Date
Chair					
Member 2					
Member 3					
Member 4 (not required)					

I find the information above to be complete and accurate.

Applicant Signature	Date