Attachment C
Faculty in Doctoral Education Program Semester Update Form

Faculty Member Name: ____________________________ Date of Report: ________________
Number of the semester completed (i.e., semester 1 or semester 6, or semester 12): ____________
Immediate past semester’s courses completed. Attach official proof of passing courses.

1. 
2. 
3. 
4. 

1. Has there been a change in enrollment status? Yes No
   a. If yes, please explain:

2. Have you withdrawn from the program? Yes No
   a. If yes, please explain:

3. Have you taken leave from the program? Yes No
   a. If yes, please explain:

4. Have you completed the program? Yes No
   a. If yes, what is your plan?

__________________________________________
Faculty Member Signature and Date

__________________________________________
Dean Signature and Date

Approved by FAC: 4/16/12
Approved: FAM 9/25/12
Revised: PDC/ljt: 11/17/14
Approved PDC/ljt: 09-01-2015
Revised PDC/ljt 02/06/2018
Revised PDC 03/19/18