

Program of Study for the Degree of

Doctor of Philosophy in the Health Sciences

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| Student Name: | Enter text. | | | | |
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| URID: | Enter text. | Program: | Choose an item. | Date QE passed: | MM/DD/YYYY |

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| TOTAL HOURS  (the total must equal at least 96 credit hours) | | Total Hours |

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| Thesis Title: | Enter text. |

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| Program Director Signature | Date |

**Submit to** [registrar@rochester.edu](mailto:registrar@rochester.edu).