Plan of Study for Ph.D. degree in Science & Technology Studies

Name: ID#:

Date admitted to Ph.D. Program:

Please list the courses you have taken and plan to take in order to satisfy the requirements. This form must be signed by your Advisory Committee members and the Program Director. Please submit the completed and signed form to Carol Sue Slusser (121 Lane Hall, Blacksburg, VA 24061; slussserc@vt.edu; 540-231-0719). The Ph.D. requires 27 classroom hours and a minimum of 30 hours of STS 7994 beyond the M.S.

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| DEGREE REQUIREMENTS — Science & Technology Studies  |
|  | **Credits** | **Semester** |
| I. STS Core Requirement – 15 credits |  |  |
|  STS 5424: Topics in Science and Technology Studies: Introduction to STS  | 3 |  |
|  STS 5514: Research Designs and Practices for STS | 3 |  |
|  Choose **three** courses from the following:  |  |  |
|  STS 5105:Contemporary Issues in Science & Technology Studies | 3 |  |
|  STS 5106: Contemporary Issues in Science & Technology Studies | 3 |  |
|  STS 5205: Main Themes in the History of Science & Technology | 3 |  |
|  STS 5206: Main Themes in the History of Science & Technology | 3 |  |
|  STS 5305: Main Themes in the Philosophy of Modern Science & Technology | 3 |  |
|  STS 5306: Main Themes in the Philosophy of Modern Science & Technology | 3 |  |
|  STS 5614: Introduction to Science and Technology Policy | 3 |  |
| II. STS Field Requirements – 12 credits |  |  |
| Three courses must be from STS.  |  |  |
|  STSxxxx 1: | 3 |  |
|  STSxxxx2: | 3 |  |
|  STSxxxx 3: | 3 |  |
|  Elective : | 3 |  |
|   |  |  |
| **III. Additional Credits** – **24-33** (new, prior approval, transfer) |  |  |
|  Transfer/Prior xxxx 1: |  |  |
| Transfer/Prior xxxx 2: | 6 |  |
| Transfer/Prior xxxx 3: | 6 |  |
| Transfer/Prior xxxx 4: | 6 |  |
| Transfer/Prior xxxx 5: | 6 |  |
| **IV. Research & Dissertation – STS 7994—30 credits minimum** |  |  |
| STS 7994 | 6 |  |
| STS 7994 | 6 |  |
| STS 7994 | 6 |  |
| STS 7994 | 6 |  |
| STS 7994 | 6 |  |
|  |  |  |
| TOTAL | 90 CH |

* Projected Defense Proposal Date (if applicable):
* Possible Thesis Title / Topic (if applicable):
* Projected Thesis Defense / Final Exam Date:

**Advisory Committee Members** (at least 4)

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| Signatures | **Print Name** | **Position** | **Dept.** | **Date** |
|  |  | **Chair** |  |  |
|  |  | **Committee****Member** |  |  |
|  |  | **Committee Member** |  |  |
|  |  | **Committee** **Member** |  |  |

STS Graduate Program Director:

Student Signature: Date: