

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; slusserc@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.

DEGREE REQUIREMENTS — SCIENCE & TECHNOLOGY STUDIES		
	Credits	Semester
I. STS Core Requirement – 15 credits		
STS 5024: Introduction to Science and Technology Studies (STS 5424: Topics in Science and Technology Studies: Introduction to STS may be substituted if taken before Fall 2016)	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)

Signatures	Print Name	Dept.	Date

STS Graduate Program Director: _____

Student Signature: _____ Date: _____