The University of Wisconsin-Milwaukee
SHELDON B. LUBAR COLLEGE OF BUSINESS

Doctoral Program

Supervised Readings for
Core Competency

Name: Semester:

Student ID Number: Email:

Major area: Core Area:

Anticipated graduation date:

Name of Faculty:

Faculty Email:

List tasks/duties and goals to be accomplished during the semester (use sentence structure):

sign here   sign here

X_____   X_____

Faculty Approval   Date   Signature of Student   Date

Application Received:

F10-P1.doc 9/99

PhD Coordinator   Date