



APPLICATION FOR CANDIDACY FOR THE DOCTORAL DEGREE

STUDENT INFORMATION

Name *Banner ID*

Anticipated Graduation Date *Degree Sought* *Program of Study*

Degree Name

Signature *Date*

☐ Level of English proficiency is satisfactory

☐ Program of Study is satisfactory

☐ Scholarship to date is satisfactory

☐ Qualifying exam administered

Print Name *Date*

Print Name *Date*

Print Name *Date*

Print Name *Date*

Print Name *Date*

Print Name *Date*

DOCTORAL PROGRAM COMMITTEE RECOMMENDATIONS

Based upon this student's performance to date:

☐ We recommend that the student be advanced to candidacy ☐ We do not recommend advancement to candidacy at this time

Print Name *Date*

Department Chair, Signature *Print Name* *Date*

Associate Dean of the College, Signature *Print Name* *Date*

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby ☐ Approve ☐ Deny Candidacy.

Vice Provost and Dean of The Graduate School, Signature *Date*