



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