

NOMINATION TO CANDIDACY FOR THE Ph.D. DEGREE*

Name of Student _____ I.D.# _____

Address _____ Phone _____

Department _____ Date of Enrollment/Univ. Graduate School _____

Date Qualifying Exam _____ (mo/dy/yr) **DATE CANDIDACY EXPIRES** _____

Total Graduate Credits Earned (including transferred credits) _____

REQUIREMENT COMPLETION DATES

Major _____ Date _____ / _____ / _____

Minor _____ Date _____ / _____ / _____

Minor _____ Date _____ / _____ / _____

Language Proficiency (If student is using research skill, please list courses)

_____ Date _____ / _____ / _____

_____ Date _____ / _____ / _____

This certifies that the above named student has passed the Qualifying Examination and is hereby nominated to candidacy for the Ph.D. degree.

Advisory _____

Committee _____

Signatures _____

Outside Minor _____
(Outside Minor Examination Passed)

OR _____
(Outside Minor Examination Waived)

Chair or Graduate Advisor/Major Department _____ Date _____

Information Verified/Ph.D. Recorder _____ Date _____
University Graduate School

Approved/Dean _____ Date _____
University Graduate School

*Do not submit this form to the University Graduate School until the transfer of all credits from other institutions has been approved.