

GRADUATE SCHOOL
APPLICATION FOR ADMISSION TO DOCTORAL CANDIDACY
(To be completed by the department and returned to the Graduate School, ML 627)

From: College _____ Department _____

_____, Graduate Program Director

This is to certify that _____

ID Number _____

Has satisfactorily passed the comprehensive examination required for admission to
candidacy for the degree of _____

DISSERTATION COMMITTEE MEMBERS:

_____, **CHAIR**
Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

The Committee has not been selected _____

Examination Date _____

Graduate Program Director

Signature Date

OFFICIAL CANDIDACY DATE