

The University Graduate School Nomination to Candidacy for the Ph.D. Degree

Name of Student _____ University ID # _____

Current Mailing Address _____

Department _____ Date of Enrollment/Univ. Graduate School : _____ Birth Date: _____

Date of Qualifying Exam: _____ (mo/day/yr) Date Candidacy Expires: _____

Total Graduate Credits Earned (Including Transferred Credits*) _____

REQUIREMENT COMPLETION DATES

Major _____

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 Dept. _____ Date _____

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

Approved/Dean
University Graduate School _____ Date _____

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