

The University Graduate School
NOMINATION TO CANDIDACY FOR THE PH.D. DEGREE

Name of Student _____ Student 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

Academic Plan: _____

Academic Sub-Plan _____

Minor _____ Date ____/____/____

Minor _____ Date ____/____/____

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

_____ Date ____/____/____

_____ Date ____/____/____

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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)

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Chair or Graduate Advisor/Major Dept. _____ 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.**