



Admission to Candidacy for an Doctor of Philosophy Degree

_____, a graduate student
Name of Student

in the program of _____ has met

requirements set forth in the Graduate Student Guide for Admission to Candidacy for the

_____ degree.

Authorized Signatures

Please print name and sign below.

Major Advisor _____ Date _____

Signature: _____

Program Director _____ Date _____

Signature: _____

Department Chair _____ Date _____
(or Associate Dean for Academic Affairs in Nursing)

Signature: _____

MD/PhD Director _____ Date _____
(Required for MD/PhD students)

Signature: _____

Dean, The Graduate School Date _____