



# Admission to Candidacy for Masters Degree

\_\_\_\_\_, a graduate student in the program of  
Name of Student

\_\_\_\_\_ 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 \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

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

MD / PhD Director \_\_\_\_\_ Date \_\_\_\_\_

(Required for MD/PhD students)

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean, The Graduate School