



# 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 \_\_\_\_\_