

CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PLAN A

Qualifying Examination Chair: I certify that the student named below has passed the Qualifying Examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \$90.00 Candidacy Fee must be paid at Cashier's Office before this form is presented to the Dean of Graduate Studies. Fee subject to change without notice.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID#
ADDRESS	CITY	STATE/ZIP CODE	TELEPHONE NUMBER
DEG SEQ #	MAJOR		E-MAIL ADDRESS

All requirements, including dissertation, to be completed by: (Complete One)

June 20\_\_\_\_ September 20\_\_\_\_ December 20\_\_\_\_ March 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Recommended Dissertation and Final Exam Committee: Once approved by Graduate Studies, a change to committee membership requires submission of a Petition for Reconstitution of Committee Membership prior to submission of the dissertation to Graduate Studies.

Name (First, Middle Initial, Last)	Academic Title (Prof., Assoc. Prof., etc)	Home Department
_____, Chair		
_____, Final Exam Only		
_____, Final Exam Only		
Optional: Additional 4 <sup>th</sup> member (must read and sign your dissertation)		

GRADUATE PROGRAM APPROVALS:

Graduate Adviser: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Print Name

Dissertation Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Print Name

FOR STUDENT ADMITTED TO A DESIGNATED EMPHASIS ONLY:

Designated Emphasis In: \_\_\_\_\_

Committee Member (above) who will read the dissertation for the Designated Emphasis: \_\_\_\_\_

Director of Designated Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Print Name

Second (if applicable) Designated Emphasis In: \_\_\_\_\_

Committee Member (above) who will read the dissertation for the Designated Emphasis: \_\_\_\_\_

Director of Designated Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Print Name

GRADUATE STUDIES USE ONLY:

Fee Paid: _____	Full Time: _____	Dissertation Filed: _____
G.P.A. _____	Qtrs/Res _____	Final Exam Date: _____
Rank/Committee _____	Matriculation _____	Degree Conferred _____
Deficiencies _____		Registered/Filing Fee _____
Approved: _____		
Dean of Graduate Studies	per	Date