

# UC DAVIS

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## GRADUATE STUDIES

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### Candidacy for the Degree of Doctor of Philosophy Plan A

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The Qualifying Examination Chair signature is no longer required.

NOTE: \$90 Candidacy Fee must be paid at Cashier's Office before this form is presented to Graduate Studies. Fee subject to change without notice.

Last Name		First Name		Middle Name	Student ID Number
Current Address		City		State/Zip Code	Telephone Number
Degree Sequence Number	Graduate Program			Program Code	E-mail

All requirements, including dissertation, to be completed by: (fill in one)

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

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

#### 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) , Chair	Academic Title (Prof., Assoc. Prof., etc.)	Home Department
Additional 4 <sup>th</sup> member (must read and sign your dissertation)		

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### GRADUATE PROGRAM APPROVAL

Graduate Program Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Advisor with signing authority)

Print Graduate Program Advisor Name: \_\_\_\_\_

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

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

Graduate Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Graduate Program Coordinator Name: \_\_\_\_\_

### FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY

**Designated Emphasis in:** \_\_\_\_\_

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

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

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

**Second (if applicable) Designated Emphasis in:** \_\_\_\_\_

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

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

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

### GRADUATE STUDIES SECTION

Matriculation: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Dissertation Filed: \_\_\_\_\_

Full Time: \_\_\_\_\_ Qtrs/Res: \_\_\_\_\_ Final Exam Date: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Registered/Filing Fee: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_  
(at time of submission)

Deficiencies: \_\_\_\_\_

ETD Number: \_\_\_\_\_ Embargo: \_\_\_\_\_ Copyright:  Yes  No

### APPROVED

Dean of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_