

Application for Admission to Candidacy

For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln



STUDENT AND PROGRAM

Name _____ NUID Number _____
Last, First Middle

Contact Information ☐ I affirm that my contact information in MyRED is current and correct. I have signed into [MyRED](#), reviewed my email addresses, mailing addresses, and phone numbers as recorded there, and updated any that were not current.

Academic Objective Degree _____ Major _____
☐ Ph.D. ☐ Ed.D. Specialization _____
☐ D.M.A. ☐ Au.D. Minor _____

PROGRAM DATES

Date *Major* Written Comprehensive Examination Passed _____ (*required*)

Date *Minor* Written Comprehensive Examination Passed _____

Anticipated Degree Conferral Date _____

The Academic Residency requirement, if not previously noted as met, will need to be met prior to the scheduling of the oral defense.

STUDENT CERTIFICATION

By signing this Application for Candidacy, I certify that I have passed the written comprehensive exam as administered by my degree program and completed the language/research tool (if required) for the doctoral degree. I acknowledge that, once in candidacy, registration is required during each fall and spring semester until graduation.

Signature, Candidate

SUPERVISORY COMMITTEE CERTIFICATION

We, the undersigned, certify that the above-named student has passed the written comprehensive examination and completed the language and research tool (if required) for the Doctoral Degree. We recommend the student to the Graduate College for admission to Candidacy for the degree.

Signature, Chair

Signature

Signature

Signature

Signature

Signature, Outside Representative

We, the undersigned, record our dissenting vote.

Signature

Signature

Revised 2017/11