

Candidacy for the Degree of Doctor of	f Philosophy
	Plan A

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		F	rirst Name	Middle Name	Student ID Number			
Current Address		City	State/Zip Cod	e Telephone Number				
Current Address		Oity	Otate/2ip Cod	Telephone (Valide)				
Degree Sequence Number		Graduate Prog	ıram	Program Code	E-mail			
Number								
All requirements, in	ncluding dissertati	on, to be comp	oleted by: (fill in one)					
June 20	September 2	20	December 20	Mar	ch 20			
	Dunca	n TL						
Applicant Signature:	Applicant Signature:Date:							
Recommended Dissertation and Final Exam Committee:								
Once approved by Graduate Studies, a change to committee membership requires submission of a <i>Petition for Reconstitution of</i>								
Committee Members	ship prior to submis	sion of the disse	ertation to Graduate S	tudies.				
Name (Fi	rst, Middle Initial, La	ast)	Academic Title (Prof	f., Assoc. Prof., etc.)	Home Department			
		, Chair	·		·			
, Final Exam Only								
, Final Exam Only								
Additional 4 th member	(must read and sign	our dissertation)						



GRADUATE PROGRAM	/ APPROVAL					
Graduate Program Advisor	r Signature:		Date	<u>:</u>		
Print Graduate Program Ac		dvisor with signing authority)				
	· · · · · · · · · · · · · · · · · · ·					
Dissertation Committee Ch	nair Signature:		Date:			
Print Dissertation Committee	ee Chair Name:					
Graduate Program Coordina	ator Signature:		Date:			
Drint Craduata Dragger Coa	ordinator Namo					
Print Graduate Program Coc	ordinator Name:					
FOR STUDENTS ADMIT	TTED TO A DESIGNATED E	EMPHASIS (DE) ONLY				
Designated Emphasis in:						
				-		
Committee Member (page 1) who will read the dissertation for the Designated Emphasis:						
Chair of Designated Empha	asis Signature:		Date:			
Print Chair of Designated E	_					
Time Ondir or Boorginator =	трпавів нато. — <u>————</u>					
Second (if applicable) Des	signated Emphasis in:					
Committee Member (page 1	1) who will read the dissertation	for the Designated Emphasis:				
Chair of Designated Empha	asis Signature:		Date:			
Print Chair of Designated Emphasis Name:						
GRADUATE STUDIES SE						
		Dissertation Filed:				
		Final Exam Date:				
G.P.A.:	Registered/Filing Fee: (at time of submission)	Degree Conferred:				
Deficiencies:						
ETD Number:	Embargo:	Copyright	t: Yes No			
APPROVED Dean of Graduate Studies S	Signature:		Date:	Staff Initials:		
Dean of Graduate Otables t	Jigilatare.		_ Datc	Otali lilitiais		