

Please Note: A student may NOT file this form and graduate in the same semester or summer session.

All Information Must Be Typed

Student's Name: _____
First MI Last

Z Number: _____ Date: _____

Degree Objective: ☐ Ph.D. ☐ Ed.D. ☐ D.N.P. Major: _____

Doctoral Qualifying Examination(s) Passed:

Written Examination Date

Oral Examination Date

Proposed Dissertation Title: _____

Candidate (Signature)

Supervisory Committee Signatures

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 for admission to Candidacy for the degree.

Chair (Signature)

Member (Signature)

Member (Signature)

Member (Signature)

Member (Signature)

Member (Signature)

We, the undersigned, record our dissenting vote.

Member (Signature)

Member (Signature)

Admission to Candidacy Approved by Department, College, and the Graduate College:

Department Chair (Signature) Date

College Dean or Designee (Signature) Date

Dean of the Graduate College (Signature) Date