

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

### CERTIFICATION

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

Qualifying Examination Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# UC DAVIS

OFFICE OF GRADUATE STUDIES

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www.gradstudies.ucdavis.edu

## GRADUATE PROGRAM APPROVAL

Graduate Program Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Graduate Program Adviser Name: \_\_\_\_\_

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

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

## APPROVED

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

Staff Initials: \_\_\_\_\_