

Candidacy for the Degree of Doctor of Philosophy Plan C

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) _____, Chair	Academic Title (Prof., Assoc. Prof., etc.)	Home Department
Additional 4 th member (must read and sign your dissertation)		

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: _____