

CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PLAN B

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

Signature: _____ Date: _____

NOTE: \$90.00 Candidacy Fee must be paid at Cashier's Office before this form is presented to the Dean of Graduate Studies. Fee subject to change without notice.

| | | | |
|-----------|------------|----------------|------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | STUDENT ID# |
| | | | |
| ADDRESS | CITY | STATE/ZIP CODE | TELEPHONE NUMBER |
| | | | |
| DEG SEQ # | MAJOR | E-MAIL ADDRESS | |
| | | | |

All requirements, including dissertation, to be completed by: (Complete One)

June 20____ September 20____ December 20____ March 20____

Signature of Applicant: _____

Recommended Dissertation 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 | | |
| | | |
| | | |
| Optional: Additional 4 th member (must read and sign your dissertation) | | |

GRADUATE PROGRAM APPROVALS:

Graduate Adviser: _____ Signature _____ Print Name _____ Date: _____

Dissertation Committee Chair: _____ Signature _____ Print Name _____ Date: _____

FOR STUDENT ADMITTED TO A DESIGNATED EMPHASIS ONLY:

Designated Emphasis In: _____

Committee Member (above) who will read the dissertation for the Designated Emphasis: _____

Director of Designated Emphasis: _____ Signature _____ Print Name _____ Date: _____

Second (if applicable) Designated Emphasis In: _____

Committee Member (above) who will read the dissertation for the Designated Emphasis: _____

Director of Designated Emphasis: _____ Signature _____ Print Name _____ Date: _____

GRADUATE STUDIES USE ONLY:

Fee Paid: _____ Full Time: _____ Dissertation Filed: _____

G.P.A. _____ Qtrs/Res _____ Exit Seminar Date: _____

Rank/Committee _____ Matriculation _____ Degree Conferred _____

Deficiencies _____ Registered/Filing Fee _____

Approved: _____

Dean of Graduate Studies _____ per _____ Date _____