

CENTER FOR GRADUATE STUDIES

PHD CANDIDACY EXAMINATION

Student's Name:	Catalog Year: _	
Program:		
Dissertation in:		
Previous Degree:		
I. Candidacy Examination [Defense of research proposal]		
Report: Pass Fail		
Academic Advisor's Acceptance (name & signature) :		Date:
Notes:		
Research Advisor's Approval (name & signature):		Date:
Notes:		
Committee Members (initial):		
II. Recommended for Candidacy		
Academic Advisor Acceptance:	Date:	
Graduate Dean Acceptance:	Date:	