

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: \$95.00 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 _____