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.

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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), Chair

, Chair

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

GRADUATE PROGRAM APPROVALS:

Graduate Adviser: ___________________________ Date: ________________

Signature: ___________________________ Print Name: ___________________________

Dissertation Committee Chair: ___________________________ Date: ________________

Signature: ___________________________ Print Name: ___________________________

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: ___________________________ Date: ________________

Signature: ___________________________ Print Name: ___________________________

Second (if applicable) Designated Emphasis In: ___________________________

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

Director of Designated Emphasis: ___________________________ Date: ________________

Signature: ___________________________ Print Name: ___________________________

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: ___________________ per ___________________ Date ___________________

Dean of Graduate Studies