

**GRADUATE SCHOOL**  
**APPLICATION FOR ADMISSION TO DOCTORAL CANDIDACY**  
(To be completed by the department and returned to the Graduate School, ML 627)

From: College \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_, Graduate Program Director

This is to certify that \_\_\_\_\_

ID Number \_\_\_\_\_

Has satisfactorily passed the comprehensive examination required for admission to  
candidacy for the degree of \_\_\_\_\_

**DISSERTATION COMMITTEE MEMBERS:**

\_\_\_\_\_, **CHAIR**  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**The Committee has not been selected** \_\_\_\_\_

Examination Date \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Director Signature Date

**OFFICIAL CANDIDACY DATE**