

NOMINATION TO CANDIDACY FOR THE DOCTORAL DEGREE

Student's Name	SPIRE I.D
Department/Program	Date of Enrollment
REQUIREMENT COMPLETION DATES	
Coursework Completed	Date/
Comprehensive Examination Passed	Date/
The information furnished above has been verified from departmental records and the student has completed all candidacy requirements. It is recommended that the student be awarded CANDIDACY effective	
(Signature of Graduate Program Director, required)	(Date)
(Printed G.P.D. name)	
(Signature of Academic Advisor/Dissertation Committee Chair, optional)	(Date)
(Printed Advisor/Chair name)	
Graduate School approval	Date//