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 _____, 20_____ .

_____   _____

(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____/____/____