

Receipt #:		
	Filled by Graduate Coordinator	

## Candidacy for the Degree of Doctor of Philosophy Plan A

The **\$90 Candidacy Fee** must be paid online at the <u>GS Forms Store</u> or at the Cashier's Office before this form is submitted to Graduate Studies. Fee subject to change.

Candidacy fees support professional develop <u>Professional Development</u> .	ment programming a	available to g	raduate student	s through th	e <u>GradPathwa</u> y	s Institute for
Last Name	First Name		Middle Name(s)		Student ID Number	
Student Email	Graduate Program		QE Date (Pass)		Deg. Seq. # (Coordinator)	Program Code (Coordinator)
					(Goordinator)	(oooramator)
Expected term for completion of all requi	rements, including	dissertation	n (fill in year):			
Spring 20 Summer 20	Fall 20		Winter 20			
Applicant Signature:					Date:	
Recommended Dissertation and Final	Exam Committee	9				
Once approved by the Dean of Graduate Studissertation. A Reconstitution of Committee F						d and sign the
Full Name If including Co-Chairs, please note that next to their names.	Title (Prof, Assoc, etc)	Home Department			Email Address	
Chair	(. 121, 11222, 212)					
Optional 4 <sup>th</sup> member (must read and sign dissertation)						
Final Exam Only - Required (does not sign dissertation)						
Final Exam Only – Required (does not sign dissertation)						
Optional External Member & Remote I	Participation					
Is a member of the committee listed above an  • If yes, an <u>External Committee Memb</u>	,				•	
Name of External Member:						



Graduate Program Secti	Graduate Program Section						
Graduate Advisor & Coordinator, please confirm you have done the following to ensure the student is eligible for candidacy:							
<ul> <li>□ Checked the student's transcript to verify any final required coursework or incomplete grades have been completed, and that the foreign language requirement has been fulfilled (if applicable).</li> <li>□ Viewed the QE Pass Report</li> <li>□ Reviewed the dissertation committee for eligibility, in accordance with Graduate Council policy &amp; your program degree requirements.</li> </ul>							
Graduate Program Advisor	Signature:		Date:				
Graduate Frogram Advisor	(Advisor	with signing authority)	Date				
Print Graduate Program Advi	sor Name:						
Dissertation Committee Ch	air Signature:		Date:				
Print Dissertation Committee	Chair Name:						
Graduate Program Coordinator Signature:Date:							
Print Graduate Program Coo	rdinator Name:						
Designated Emphasis (D	E) Section – for students adm	itted to a DE only					
Designated Emphasis in:							
Committee Member (page 1) who will read the dissertation for the Designated Emphasis:							
Director of Designated Emphasis Signature:			_Date:				
Print Director of Designated Emphasis Name:							
Second (if applicable) Designated Emphasis in:							
Committee Member (page 1) who will read the dissertation for the Designated Emphasis:							
Director of Designated Empha	acis Signature						
Print Director of Designated Emphasis Name:							
Graduate Studies Section	1						
Matriculation:	Fee Paid:	Dissertation Filed:					
Full Time:	Qtrs/Res:	Final Exam Date:					
G.P.A.:	Registered/Filing Fee:	Degree Conferred:					
Deficiencies:	ν, ο,						
ETD Number:	Embargo:	Copyright:	□ No				
Dean of Graduate Studies Sig	nature:	Date:	Staff Initials:				