

Receipt #:	
•	Filled by Graduate Coordinator

## Candidacy for the Degree of Doctor of Plan C

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 development programming available to graduate students through the <u>GradPathways Institute for Professional Development</u> .										
Last Name	First Name		Middle Name(s)		Student ID Number					
Student Email	Graduate Program		QE Date (Pass)		Deg. Seq. # (Coordinator)	Program Code (Coordinator)				
Expected term for completion of all requirements, including dissertation (fill in year):										
Spring 20			Winter 20							
Applicant Signature:Date:										
Recommended Dissertation and Final Exam Committee:  Once approved by the Dean of Graduate Studies, all committee members listed must read and sign the dissertation. A Reconstitution of Committee Request must be submitted to change the committee membership after approval.  Full Name  Title  Home Department  Email Address										
If including Co-Chairs, please note that next to their names.  Chair	(Prof, Assoc, etc)									
Citali										
Optional 4 <sup>th</sup> member (must read and sign dissertation)										
Optional 5 <sup>th</sup> member (must read and sign dissertation)										
Optional External Member & Remote Participation  Is a member of the committee listed above an external member (individual with employment outside the UC system)?   • If yes, an External Committee Membership Application and the external member's CV must be submitted with the Candidacy.  Name of External Member:										



<b>Graduate Program Section</b>							
Graduate Advisor & Coordinator, please confirm you have done the following to ensure the student is eligible for candidacy:  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).  Viewed the QE Pass Report  Reviewed the dissertation committee for eligibility, in accordance with Graduate Council policy & your program degree requirements							
Graduate Program Advisor Sign	Date:						
Graduate Program Advisor Signature:Date:							
Print Graduate Program Advisor N	iame.						
Dissertation Committee Chair S	Date:						
Print Dissertation Committee Chair Name:							
Graduate Program Coordinator	Date:						
Print Graduate Program Coordinator Name:							
Designated Emphasis (DE) So		•					
Designated Emphasis in:							
Committee Member 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 who will read the dissertation for the Designated Emphasis:							
Director of Designated Emphasis Signature:							
Print Director of Designated Emphasis Name:							
Out durate Of culture Out of the							
Graduate Studies Section	Fac Daid	Discoutation Filed.					
Matriculation:	_Fee Paid: Qtrs/Res:						
Full Time:	_ Qus/Res _ Registered/Filing Fee:	Final Exam Date: Degree Conferred:					
G.P.A.:	(at time of Filing)	Degree Conletted					
Deficiencies:							
ETD Number:	Embargo:	Copyright:	□ No				

Dean of Graduate Studies Signature:

Staff Initials: \_

Date:\_\_\_