



Recommendation to Advance Student to Ph.D. Degree Candidacy

Name: _____

Student PID Number: _____

Department: _____

Permanent mailing address: _____

Local mailing address: _____

Email address: _____

Telephone: _____

Indicate dates satisfied (or NA where appropriate)

NA Course work – Date: _____
(Month, day, year)

NA Scholarly discipline – Date: _____
(Month, day, year)

NA Successful completion of comprehensive examination – Date: _____
(Month, day, year)

NA Formation of dissertation committee – Date: _____
(Month, day, year)

NA Dissertation proposal approved by committee – Date: _____
(Month, day, year)

Graduate Chair Graduate Chair signature Date: _____

Associate Dean, College of Arts and Sciences Associate Dean signature Date: _____

Original: College of Arts and Science, Office of the Dean - CAS #6 **ONLY**

Copy: Department file - CAS #6 and supporting documentation

CAS use only:

Date recorded _____ **Student notified** _____