

**APPLICATION FOR CANDIDACY
FOR DOCTORAL DEGREE**

Please submit the original to the School of Graduate Studies Office at 164 Old Main or UMC 900

Name _____ Student No. _____

Address _____

City _____ State _____ Zip _____ e-mail _____

Department/Program _____ Specialization _____

PhD EdD 60 credits above Master's degree 90 credits

Dissertation proposal title: _____

Dissertation proposal submitted and approved (date): _____

Check applicable box(es) for any risk areas involved in the dissertation research. Appropriate approval(s) must be obtained before the Application for Candidacy will be approved.

- | | | |
|---|---------------------|-------------------------|
| <input type="checkbox"/> ---Animal Subjects | Approval date _____ | IACUC No. _____ |
| <input type="checkbox"/> ---Human Subjects | Approval date _____ | |
| <input type="checkbox"/> ---Chemical Hygiene Plan | Approval date _____ | |
| <input type="checkbox"/> ---Lab Safety Training | Date _____ | |
| <input type="checkbox"/> ---Radiation Materials | Approval date _____ | Authorization No. _____ |
| <input type="checkbox"/> ---Biohazards | Approval date _____ | |
| <input type="checkbox"/> ---Recombinant DNA | Approval date _____ | |
| <input type="checkbox"/> ---None | | |

Comprehensive examination (list all required examinations):

Title	Date Passed	Signature of Examiner

Approval signatures*:

Major Professor	Date	Department Head	Date
	Date		Date
	Date		Date
	Date		Date

Student agreement: _____
Signature Date

School of Graduate Studies approval: _____
Dean Date

*Signatures certify that all listed requirements have been successfully fulfilled by the student. Amendments will require the signature of the major professor and written notification to the other members of the supervisory committee.