

# ADVANCEMENT TO DOCTORAL CANDIDACY APPLICATION

THE GRADUATE COLLEGE  
The University of Nevada, Las Vegas

## COMPLETED BY STUDENT:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Degree: Ph.D. Ed.D. D.M.A. Degree Program: \_\_\_\_\_

## COMPLETED BY DEPARTMENT:

Department: \_\_\_\_\_

The faculty members representing this doctoral program recommend the above named student for doctoral candidacy. We certify that this student has met all departmental doctoral candidacy requirements as well as those listed below.

1. All approved degree program coursework (excluding dissertation credit) has been completed successfully within the appropriate time. NOTE: Refer to the Graduate Catalog for degree completion time limits.

Yes  No

Degree Program is **attached or on file** in the Graduate College.  Yes  No

First coursework completed: Year \_\_\_\_\_ Term \_\_\_\_\_

Last coursework completed: Year \_\_\_\_\_ Term \_\_\_\_\_

Residency requirement met (excluding dissertation credit) Year \_\_\_\_\_ Term \_\_\_\_\_

2. Comprehensive (Preliminary) Examination Passed:  Yes, date passed \_\_\_\_\_  No

4. Prospectus: Approved by Committee  Yes, date approved \_\_\_\_\_  No

Filed with Graduate College  Yes, date filed \_\_\_\_\_  No

Title \_\_\_\_\_

## SIGNATURES: Please print your name after your signature.

Date \_\_\_\_\_

Advisory Committee Chair

Date \_\_\_\_\_

Department Chair/Graduate Coordinator

Graduate College Use Only:

Approved: \_\_\_\_\_  
Dean, Graduate College

Date: \_\_\_\_\_