ADMISSION TO CANDIDACY FOR DOCTORAL DEGREE

CMU
CENTRAL MICHIGAN UNIVERSITY

College of Graduate Studies
Central Michigan University
Mt. Pleasant, MI 48859
(989) 774-GRAD

Please PRINT or TYPE

Name: _____ Student ID No: _____
Last First Middle

Address: _____
City State Zip

Date of Admission to CMU Graduate College: _____

Date Authorization of Degree Program filed in Graduate Office: _____

Student's Signature: _____ Date: _____

STUDENTS: Please do not write below this line. Return to Graduate Studies

The Foregoing requirements have been checked and are in order. _____
Number of semester hours earned on this program at CMU. _____
Number of semester hours transferred in on this program. _____
Grade point average in CMU courses which apply to this program. _____
Student has been granted regular admission. _____
Authorization of Degree Program filed. _____

Departmental recommendation on student's petition for admission to candidacy:

APPROVE ☐ DENY ☐

Advisor: _____ Date: _____

Print Advisor's name: _____

REASON FOR DENIAL:

APPROVE ☐ DENY ☐ Dean of Graduate Studies: _____ Date: _____

This doctoral degree candidacy form is not approved until **ALL** signatures have been obtained.

(08/06)