

Admission to Candidacy - Doctoral Degree

This form is not approved until all signatures have been obtained.

To be completed by the Student

Name: _____ **ID#:** _____
Print Signature

Contact Information: _____
Email Phone

Program of Study: _____
Give the exact title as printed in the Graduate Bulletin

Admission Date to Program: _____ **Degree Plan Completed:** _____
Month/Year Month/Year

To be completed by the Advisor/Graduate Coordinator/Department

The Foregoing requirements have been reviewed and are in order. _____

Number of semester hours earned on this degree program at CMU. _____

Number of semester hours transferred into this degree program. _____

Grade point average in CMU coursework, which apply to this degree program. _____

Student has been granted regular admission. _____

Department has created a degree plan in the Degree Progress System. _____

Department Evaluation

Approve

Deny Reason: _____

Advisor:

Signature Print Name Date

**Department Chair/
 Program Director:**

Signature Print Name Date

Department Distribution: UPLOAD TO IMAGENOW, Copy to Student.