

## 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:** \_\_\_\_\_ **Authorization form 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 scanned *Authorization of Graduate Degree Program* form into ImageNow \_\_\_\_\_

**Department Evaluation**

Approve

Deny Reason: \_\_\_\_\_

**Advisor:**  
 \_\_\_\_\_  
Signature Print Name Date

**Department Chair:**  
 \_\_\_\_\_  
Signature Print Name Date

**Department Distribution: UPLOAD TO IMAGENOW, Copy to Student.** (4/16)