



# Admission to Candidacy - Doctoral Degree

This form is not approved until all signatures have been obtained.  
Submit to the College of Graduate Studies at the address below.

### To be completed by the Student:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Local address: \_\_\_\_\_  
City State/Country Zip/Postal Code

Contact Information: \_\_\_\_\_  
Email Phone

Program of Study: \_\_\_\_\_ Admission Date to Program of Study: \_\_\_\_\_  
(Give the exact title of the program as printed in the Graduate Bulletin) Month/Year

Authorization of Doctoral Degree Program form filed with the College of Graduate Studies: \_\_\_\_\_  
Month/Year

Applicant: \_\_\_\_\_  
Signature Print Name Date

### To be completed by the Advisor:

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

Approve     Deny    Reason for Denial: \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

### College of Graduate Studies use ONLY.

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. \_\_\_\_\_

Authorization of Doctoral Degree Program form is on file with the College of Graduate Studies. \_\_\_\_\_

Approve     Deny    Reason for Denial: \_\_\_\_\_

College of Graduate Studies Dean: \_\_\_\_\_  
Signature Print Name Date