

DEPARTMENTAL DOCTORAL CANDIDACY RESULTS FORM

(Please submit this form with the Office of Doctoral Studies)

Date: _____

To: The Office of Doctoral Studies
Pless Hall, 2nd Floor

From: _____
Faculty Name (print or type) Faculty Signature

Re: _____ I.D. # _____
Student Name (print or type)

Department: _____ Program: _____ Program Code: _____

*RESULTS
(pass, deferred pass, fail):

EFFECTIVE DATE OF ACTION:

Notes: _____

*If candidacy is not measured by examination, please indicate that the student has been “admitted to degree candidacy” along with the effective date of the action.

cc: Department File