

ADVANCEMENT TO DOCTORAL CANDIDACY APPLICATION

Please type directly into the highlighted fields or print clearly in blue or black ink.

STUDENT INFORMATION

Student ID (L-Number): _____

Student Name: _____
Last Name First Name M.I.

Address: _____
Street Address

_____ City _____ State _____ ZIP Code

UNLV E-mail Address: _____ Phone: _____

Degree: DPT Ph.D. Ed.D. D.M.A. Program: _____

COMPLETED BY DEPARTMENT

Department: _____

1. All approved degree program coursework (excluding dissertation credit) has been completed successfully within the appropriate time. NOTE: Refer to the Graduate Catalog for degree completion time limits.
 Yes No

Degree Program is on file in the Graduate College: Yes No

First coursework completed: Year: _____ Term: _____

Last coursework completed: Year: _____ Term: _____

Residency requirement met (excluding dissertation credit)**: Year: _____ Term: _____
 **If required by department.

2. Final Comprehensive Examination Passed (if required): Date passed: _____

3. Prospectus – Successfully Defended & Approved by Committee: Date passed: _____

Title: _____

APPROVAL SIGNATURES – Please type or print your name after your signature.

 Advisory Committee Chair Date

 Graduate College Representative Date

 Department Chair or Graduate Coordinator Date

 *Dean, Academic College Date

GRADUATE COLLEGE USE ONLY

 Dean, Graduate College Date

* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program