Advancement to Candidacy Form

Student: _________________________________________________________ GWID: ______________

Department/Program: ______________________________________________ Degree: _____________

Director of Graduate Studies: _________________________________________________________________

DGS Signature: ____________________________________________________ Date: _______________

(signature not required if submitted electronically)

Completed credit hours (excluding 8999, UNIV 0250, CCAS 0940): ___________________________________

(must be at least 48—exceptions must be approved by the Dean)

General Examination Title: _________________________________________ Date Passed: _______________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Special Departmental Requirements (if applicable): Date Satisfied: _______________

__________________________________________________________________________

__________________________________________________________________________

Dissertation Information:

Topic/Title: _______________________________________________________________________________

Director (& Co-Director): ____________________________________________________________________

Readers: _________________________________________________________________________________

CCAS Use Only

Coordinator: ___________________________ Program in DegreeMap? Yes___ No___

Transfer Credits: ____________ Coursework Credits: ____________ Total Credits: ____________

Move to Candidacy: Yes___ No___

Attribute added in Banner: ______

Approved by: ___________________________________________ Date: ______________

Notes: ___________________________________________________________________________________

C-track updated: ______________ Email sent: ____________