

NOMINATION TO CANDIDACY FOR THE ED.D.*

Contact Information

Name _____	ID Number _____
Address _____	Phone _____
_____	Email _____
Major Area _____	Minor Area _____
Date of Written Exam _____	Date of Oral Exam _____

Advisory Committee Member Signatures

This certifies that the above named student has passed the Qualifying Examination and is hereby nominated to candidacy for the Ed.D. degree

	Name	Signature	Date
Advisory Committee Chair	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Minor Committee Member	_____	_____	_____

Minor Qualifying Exam: Passed Waived

	Signature	Date
Department Chair	_____	_____
Associate Dean for Graduate Studies	_____	_____

Date Candidacy Expires: _____

* Admission to candidacy will occur upon successful completion of the oral qualifying examination **and** completion of all course work in the student's program of studies.