

## **Application for Candidacy for Doctoral Degree**

	Student Name		KSU ID#			
	Anticipated Graduation Date:	Doctora	Doctoral Degree Program			
	Student Signature		Date			
	GPA 3.0 or better Progr		am of Study is satisfactory.			
	Qualifying exam administered	Other		(proposal approval)		
	Committee Members:					
	Name Signature			Date		
	Name Si	Signature		Date		
	Name Signature			Date		
	Name Signature			Date		
Doctoral Program Committee Recommendations Based upon this students performance to date: We recommend student advance to candidacy We				e do not recommend advancement to candidacy		
	Committee Chair Name Si	ignature		Date		
	Program Coordinator Name Si	ignature		Date		
	Graduate College					
	Based on the College's recommendation, I hereby		Approve Deny Candidacy			
	Graduate College Signature		Date			