Student’s Name: ______________________________________  UIN#: ______________________________________

College: ___________________________________  Degree and Program: ______________________________________

The student listed above has successfully completed the following requirements and meets the criteria for advancement to candidacy.

☐ 1. Completion of both the written and oral portions of the candidacy examination with a passing grade:
   Date of Oral Examination: _______________  Date of Written Examination: ______________

☐ 2. Dissertation topic submitted and approved: Date of Approval: ______________

☐ 3. Completion of formal coursework: (At least three-fifths of course work credit hours must be at the 800-level.)
   Semester of Completion: _____________________
   Total Course Work Credit Hours Required: ______________  Total Hours Completed: ____________
   Total 800-level Course Work Credit Hours: ______________

Student Declaration:
I confirm that the above requirements have been met.

I understand that as a doctoral candidate: (1) I am expected to uphold the highest level of scholarly integrity, (2) I am responsible for the continued progress of my research and academic goals, (3) I must register for at least one credit hour of research hours or course work in all future semesters, including summer sessions, to meet the requirements of the continuous enrollment policy, and (4) that registration for one credit hour of research credit constitutes a full academic load, subject to filing of appropriate paperwork each semester. (Doctoral Candidates 1-Hour Full-Time Notification, Form D4, is required for all students. International students on an F-1 or J-1 visa must also submit a Reduced Course Load Request (RCL) form to VISA.)

________________________________________ ___________________
Student’s Signature    Date

All of the above conditions have been checked and confirmed by:

________________________________________   ___________________________________________ ___________________
Dissertation Committee Chair’s Name (Print)  Dissertation Committee Chair’s Signature  Date

________________________________________   ___________________________________________ ___________________
Graduate Program Director’s Name (Print)  Graduate Program Director’s Signature  Date

Original: Student File   Doctoral Form: D9
Copies:  Student
          VISA for F-1 and J-1 Visa Holders
          Dissertation Committee Chair
          Office of the University Registrar

(New 11/14)