



Application for Admission to Candidacy for the Ph.D./Ed.D./D.M.A.

Admission to Candidacy must be approved by the Graduate School at least one semester before graduation.

First Name _____ Last Name _____

has fulfilled all departmental requirements and is now eligible for admission to candidacy for the Ph.D. Ed.D. D.M.A.

Department _____

Major _____

Dissertation Title _____

Date Qualifying Exam Passed _____
Month Day Year

Expected Graduation Date _____
Semester Year

Student C-Number _____ Student Empl ID _____ Student Phone Number _____ Student E-mail _____

Please note the following before submitting this application:

- I understand that this application will be reviewed first by my department and must be approved.
- I certify that I have submitted all original and final transcripts to my department and have no items missing from my Graduate School application.
- I certify that a GRE or GMAT score was sent by ETS to the department.
- I currently have a cumulative GPA of 3.0 or better and have completed at least 12 credits at the University of Miami.
- I understand that any delays in submitting my application for candidacy may result in a later graduation date.

List your committee members below (print names). Please remember that your committee must consist of at least three full-time, permanent faculty members from your department and at least one member from outside of your department.

Committee Chairperson _____ Department _____

Note: Medical School graduate students should insert mentor's name here and chairperson's name in space below.

Committee Member _____ Department _____

Committee Member _____ Department _____

Committee Member _____ Department /Affiliation _____

Committee Member _____ Department /Affiliation _____

Additional Member(s) _____ Department /Affiliation _____

If there are any changes to the committee after this form is submitted and processed the first time, a new application for Admission to Candidacy form must be submitted. Does the above committee reflect any changes to your original committee? Yes No

To be completed by Department Chairperson, Graduate Program Director, or Graduate Advisor.

Print Name _____ Signature _____ Date _____

To be completed by the Graduate School upon review and approval.

Print Name _____ Signature _____ Date _____

Please email this form to gradforms@miami.edu