

CANDIDACY APPLICATION FOR THE DOCTORAL DEGREE

TO BE COMPLETED BY THE STUDENT:

Student's Name: _____ NAU ID: _____

NAU email: _____ Degree/Program _____

Dissertation Committee members:

- | | | | |
|----------|--------------------------------|-----------------------------------|---------------------------------|
| 1. _____ | <input type="checkbox"/> Chair | <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Member |
| 2. _____ | <input type="checkbox"/> Chair | <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Member |
| 3. _____ | <input type="checkbox"/> Chair | <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Member |
| 4. _____ | <input type="checkbox"/> Chair | <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Member |
| 5. _____ | <input type="checkbox"/> Chair | <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Member |

Student Signature: _____ Date: _____

TO BE COMPLETED BY THE DEPARTMENT (and verified by the Graduate College):

Please attach documentation verifying the following (include date of completion)

	Department	Graduate College
Comprehensive Examinations: Written—Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Oral—Date: _____		

Language Proficiency Examination or Research Competency Satisfied Method and date of completion (e.g., exam, class, etc): _____ Or not applicable: _____	<input type="checkbox"/>	<input type="checkbox"/>
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Completed and signed program of study	<input type="checkbox"/>	<input type="checkbox"/>
Prospectus title page approved and signed by all committee members	<input type="checkbox"/>	<input type="checkbox"/>

Additional verifications (no documentation needed)

Student has met departmental requirements for candidacy	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation committee was approved by the Graduate College	<input type="checkbox"/>	<input type="checkbox"/>
Residency Requirement Satisfied (list semester term and year): _____ and _____	<input type="checkbox"/>	<input type="checkbox"/>

OR Special Circumstance (details required): _____

Dissertation Chair/Co-Chair Signature: _____ Date: _____

Dissertation Co-Chair Signature (if applicable): _____ Date: _____

Department Chair Signature: _____ Date: _____

TO BE COMPLETED BY THE GRADUATE COLLEGE:

Candidacy Approved Candidacy Denied Date: _____ Graduate College Signature: _____