

## Advancement to Candidacy

This form is for **Master's or EdS students**. Submit at least one quarter prior to the quarter in which the student will graduate.

Name: \_\_\_\_\_ DU ID Number: \_\_\_\_\_

Department/Major: \_\_\_\_\_ Degree: \_\_\_\_\_

The department recommends that the above named student be advanced to candidacy for the degree. The student has met departmental conditions for such advancement and has shown evidence of ability to complete successfully the requirements for the final quarter.

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Student has regular status.  | Completion date: _____ |
| <input type="checkbox"/> Transfer of credit, if applicable, has been approved.                            | Completion date: _____ |
| <input type="checkbox"/> Student has approved course work plan.   | Completion date: _____ |
| <input type="checkbox"/> Student has completed the following tool/research requirement(s), if applicable: |                        |
| _____   | Completion date: _____ |
| _____   | Completion date: _____ |
| _____   | Completion date: _____ |
| <input type="checkbox"/> Student passed departmental qualifying examinations, if applicable.              | Completion date: _____ |

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Provost: \_\_\_\_\_ Date: \_\_\_\_\_