

Doctoral Advancement to Preliminary Candidacy

Submit during or immediately after the student's first full quarter of doctoral study.

Name: _____

DU ID Number: _____

Department/Major: _____

Degree: _____

I hereby recommend that the above named student be advanced to preliminary candidacy for the specified degree on the basis of having met the following requirements.

- | | |
|--|--|
| <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 will complete 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: _____