

Admission to Candidacy

(See Article 9.8 of the Graduate School Policy Handbook)

This form is submitted to the Graduate School, Room N204

Student Name:

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BCM ID #:

Graduate Program:

Are you in the MD/PhD program? □Yes □No

CERTIFICATION OF ELIGIBILITY

(to be completed PRIOR to admission to candidacy)

Graduate Program Certification		
his student has completed the program's graduate requir	ed curriculum prior to candidacy.	
Graduate Program Authorized Signature:	Date:	
Graduate School Certification		
 The Advisory Committee was appointed on	 courses using specific grading criteria. and the student has been in residence at least 4 terms.	
Graduate School Authorized Signature:	Date:	

This student has completed all Program and Graduate School Requirements and is Admitted as a CANDIDATE FOR THE PhD or MS DEGREE

Required Approvals			
	Printed Name	<u>Signature</u>	<u>Date</u>
Major Advisor:			
Major Advisor:			
Graduate Program Director:			
Dean, Graduate S	School of Biomedical Sciences:		