

## **Admission to Candidacy**

(See Article 9.9 of the Graduate School Policy Handbook)

This form is submitted to the Graduate School, Room N204

Student Name:	F	BCM ID #:			
Graduate Program:		Are you in the MD/PhD program?	□Yes	□No	
	CERTIFICATION OF E				
	Graduate Program Ce	ertification			
This student has completed t	:he program's graduate require	d curriculum prior to candidacy.			
Graduate Program Authori	zed Signature:	Date:			
	Graduate School Certific	cation (for GSBS Completion	)		
☐ The Qualifying Examination☐ ☐ The student has completed☐ ☐ Of the 30 term hours,☐ ☐ Of the 30 hours,☐	none are from transfer credit. _ are transfer credit (24 hrs max) and I year 1 and year 2 of the Responsib demic standing.	courses using specific grading criteria. d the student has been in residence at le	east 4 ter	ʻms.	
	tudent has completed all Progr and is Admitted as a CANDIDA	ram and Graduate School ATE FOR THE PhD or MS DEGREE			
Required Approvals					
	<u>Printed Name</u>	<u>Signature</u>	<u>Da</u>	<u>te</u>	
	1	1			

Major Advisor:

Major Advisor:

Dean, Graduate School of Biomedical Sciences:

**Graduate Program Director:**