INDIANA UNIVERSITY GRADUATE SCHOOL

NOMINATION TO CANDIDACY FOR THE PHD DEGREE
(Please Type)

Name of Student ____________________________ Univ ID ______________________

Department ____________________________ Birth Date ______________________

Date of Enrollment in the University Graduate School ______ Date of Qualifying Exam ______
Date Candidacy Expires ______ Total Graduate Credits Earned (Including Transferred Credits)* ______

REQUIREMENT COMPLETION DATES

Major ____________________________

Minor ____________________________ Date __________________

Minor ____________________________ Date __________________

Language Proficiency (If student is using research skill, please list courses)

________________________________________ Date __________________

________________________________________ Date __________________

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This certifies that the above named student has passed the Qualifying Examination and is hereby nominated to candidacy for the PHD degree.

Advisory __________________________________________

Committee __________________________________________

Signatures __________________________________________

Outside Minor __________________________________________ (Outside Minor Examination Passed)

OR __________________________________________ (Outside Minor Examination Waived)

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Chair or Graduate Advisor/Major Dept. ____________________________ Date ______

Information Verified/PHD Recorder ____________________________ Date ______

University Graduate School

Approved/Associate Dean

University Graduate School ____________________________ Date ______

*Do not submit this form to the University Graduate School until the transfer of all credits from other institutions has been posted.
INDIANA UNIVERSITY GRADUATE SCHOOL

NOMINATION OF RESEARCH COMMITTEE FOR THE PHD
(Please Type)

Name of Student ___________________________  Univ ID ________________________

Department ______________________________  Birth Date ________________________

Major _________________________________  Minor(s) __________________________

Date of Qualifying Exam ____________________________

Date of Enrollment in the University Graduate School ____________________________

Proposed Dissertation Title ____________________________

Dissertation Prospectus: Please attach a one-two page summary of the proposed research. If the research involves human subjects, animals, biohazards, biosafety, or radiation, please also attach an approval from the appropriate committee.

Note: Your signature below indicates that you have read the attached prospectus and agree to serve, if appointed, on a committee to supervise this research.

NAME | SIGNATURE | DEPARTMENT | UNIV ID (required)

(Chair of Committee) ___________________________  ___________________________  ___________________________  ___________________________

_________________________  ___________________________  ___________________________  ___________________________

_________________________  ___________________________  ___________________________  ___________________________

_________________________  ___________________________  ___________________________  ___________________________

_________________________  ___________________________  ___________________________  ___________________________

(Minor Representative) ___________________________  ___________________________  ___________________________  ___________________________

All committee members must be members of the University Graduate School Faculty and at least half must have the endorsement to direct doctoral dissertations.

I certify that I have examined the attached prospectus and that this committee is appropriate to supervise research in this area.

Signature/Departmental Chairperson ___________________________  Date __________________

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Approved/Associate Dean
University Graduate School ___________________________  Date __________________

(To be used only by students who have passed the qualifying examination and who have previously been admitted to candidacy)