

**UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER  
GRADUATE SCHOOL**

**Application for Admission to Candidacy for the Ph.D. Degree**

This application is to be completed by the student, recommended by the appropriate designated faculty and submitted to the Graduate School no later than two (2) weeks prior to the Comprehensive Examination.

GRADUATE SCHOOL USE ONLY	
Approved _____	Card _____
Comp Exam Date _____	
Exam Results _____	Registered _____
Total Hours _____	Transfer Hours _____
Thesis Approved _____	Hours _____ Grade _____
Thesis Defense Date _____	
Exam Results _____	Registered _____

Name as shown on University records \_\_\_\_\_  
Last First Middle  
Present mailing address \_\_\_\_\_  
Street City State Zip  
Permanent mailing address \_\_\_\_\_  
Street City State Zip  
Permanent mailing address effective date \_\_\_\_\_

Date \_\_\_\_\_  
Student No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email \_\_\_\_\_

Major Field \_\_\_\_\_

Approximate date on which degree is to be conferred \_\_\_\_\_

Preliminary Examination Date \_\_\_\_\_ Result \_\_\_\_\_

Comprehensive Exam Committee: Chair \_\_\_\_\_

Other members \_\_\_\_\_

Thesis Exam Committee (if known): Chair \_\_\_\_\_

Other members \_\_\_\_\_

\_\_\_\_\_  
Student (signature)

\_\_\_\_\_  
Student (type or print name)

**THIS SECTION SHOULD BE COMPLETED BY THE STUDENT'S GRADUATE PROGRAM**

The admission of \_\_\_\_\_ to candidacy for the degree Doctor of Philosophy is recommended by \_\_\_\_\_ upon completion of the minimum requirements of \_\_\_\_\_ semester hours. The courses listed on the reverse have been approved for use toward the degree.  
Name of Candidate  
Academic Unit

\_\_\_\_\_  
Major Advisor (signature)

\_\_\_\_\_  
Major Advisor (type or print name)

\_\_\_\_\_  
Head, Dept/School (signature)

\_\_\_\_\_  
Head, Dept/School (type or print name)

**RETURN TO: GRADUATE SCHOOL BOX C296**

APPROVED: \_\_\_\_\_  
Fran Osterberg  
Assistant Dean

