University of Colorado **Denver**

Application for Candidacy

NOTE: Requires Adobe Acrobat to fill-in and sign

This application is to be completed by the student, recommended by the appropriate designated faculty, and submitted to the Graduate Education division by the published deadline.

Degree for which you are applying for candidacy: ○ Master's ○ EdD ○ PsyD ○ PhD

Date

Name as on University Records (Last, First Middle)

Student Number

Mailing Address

Telephone Number

Email Address

Degree/Program

Option/Emphasis: (If Applicable)

For Doctoral Students Only:

Preliminary Exam Date:

For Master's Students Only:

Degree Plan: ○ Thesis (Plan I) ○ Non-Thesis (Project/Plan II)

Approx. semester in which you are graduating:

Foreign Language Required? ○ No ○ Yes – how was it fulfilled?

Certificate (If Applicable):

Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive exam committee)

Chair: _____ Member: _____

Member: _____ Member: _____

Member: _____ Member: _____

Student Signature: _____

To be Completed by the Student's Graduate Program:

The admission of _____ to candidacy for the _____ degree is recommended by the

Name

_____ program upon completion of the minimum requirements of _____ semester hours. The courses

Do Not Include Dissertation Hours

listed on the following pages have been approved for use toward the degree.

Advisor Name _____ Advisor Signature _____

Co-Advisor Name _____ Co-Advisor Signature _____

Program Admin Name (Anschutz only) _____ Program Admin Signature (Anschutz only) _____

Program Director Name _____ Program Director Signature _____

Grad Education Approval: _____

List courses below that will apply toward your degree in chronological order (beginning with the oldest and ending with the most current). Course numbers must match those on your transcript and instructors name must be include. YOU MAY NOT SIMPLY ATTACH A TRANSCRIPT. Transfer courses and thesis/dissertation/project/ report hours should be listed in the appropriate sections of this form.

Instructor (First Initial, Last Name)	Semester	Year	Title of Courses Taken at University of Colorado	Department and Course Number	Semester Hours	Grade	Notes

For Graduate Education
Use Only
Subtotal:

Thesis, Dissertation, Research Paper, Project or Report Hours

Instructor (First Initial, Last Name)	Semester	Year	Thesis/Dissertation Project/Report	Department and Course Number	Semester Hours	Grade	Notes

For Graduate
Education Use Only
Subtotal:

Transfer Credits
Courses taken as non-degree an at other CU campuses are not considered transfer, since they appear on your transcript.

Institution at Which Courses were Taken	Semester	Year	Title of Courses to be Transferred	Department and Course Number	Semester Hours	Grade	Notes

For Graduate
Education Use Only
Subtotal:

Total: