

Graduate College Admission to Doctoral Candidacy

(submit via email to grad-awards@wmich.edu, paper copies not accepted)

Date:				
First name	Middle name	Last na	ame	_
WIN#:	WMU email:			
Date of admission to your doctoral program:		Term:	Year:	
Anticipated graduation term and year:		Term:	Year:	
Graduate program:				_
partment: Co		ollege:		
Dissertation title:				
Research Compliand Comprehensive exams req	ne letter of approval/oce. juired?	· 🗆		
			am passed:	
·	e approved before the first of the second se	•	for graduate assistants to rec proval.	eive
 Completed ar All courses (exapproved pro 	Candidacy: am grade point averag nd approved doctoral (ge of 3.0 or bett dissertation cor	-	al form)
Student signature		Date		

Program Advisor approval:		
Program advisor name (print)	Signature	 Date
Committee approval:		
We support above student's appl all requirements have been met:	ication for admission to D	octoral Candidacy and acknowledge
Committee Chair Name (print)	Signature	 Date
	Signature	Date
Committee Member Name (print) Signature	 Date
Committee Member Name (print	Signature	Date
Committee Member Name (print)	Signature	 Date