COLLEGE OF GRADUATE STUDIES
THE UNIVERSITY OF TOLEDO

RETURN TO:
College of Graduate Studies

Main Campus
3240 University Hall
Mail Stop 933

Application for Admission to Candidacy for the Doctoral Degree

Name: Rocket ID:

Degree Sought: Program:

When did you begin graduate study at The University of Toledo? (semester/year)

How many graduate credit hours have you completed to date at:

The University of Toledo? At other universities?

When do you expect to complete your graduate work? (semester/year)

Undergraduate Record

University: Major:

Degree: Year:

Graduate Record

University: Major:

Degree: Year:

Qualifying Examination Passed (semester/year):

Foreign Language (s): Passed (semester/year):

Passed (semester/year):

Advisor Recommendation

I am familiar with the undergraduate and graduate records of the applicant and can certify that a 3.0 average has been maintained in the graduate program. The plans call for completion of all degree requirements within a seven-year period. I recommend the applicant for candidacy for the Doctoral Degere.

Advisor (printed) Signature Date

Accepted for Candidacy

Vice Provost for Graduate Affairs and
Dean of the College of Graduate Studies

Date