



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 Degree.

Advisor (printed)

Signature

Date

Accepted for Candidacy

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

Date