



UNIVERSITY of  
DENVER

OFFICE OF GRADUATE EDUCATION

**Return this form to:**

**Office of Graduate Education**

Mary Reed Building, Room 5

2199 S. University Blvd. Denver, CO 80208

Phone 303-871-2706 | [gradservices@du.edu](mailto:gradservices@du.edu)

## Doctoral Advancement to Final Candidacy

Submit at least one quarter prior to the quarter in which the student will graduate. Read the full policy [here](#).

Name: \_\_\_\_\_ DU ID Number: \_\_\_\_\_

Department/Major: \_\_\_\_\_ Degree: \_\_\_\_\_

I hereby recommend that the above named student be advanced to final candidacy on the basis of having met all the requirements for this advancement. **Please note that you only need to mark/provide dates for items that apply to the student and degree.**

Passed the comprehensive examination Completion date: \_\_\_\_\_

The department tool/research requirements have been satisfied in the following areas:  
\_\_\_\_\_  
Completion date: \_\_\_\_\_  
\_\_\_\_\_  
Completion date: \_\_\_\_\_  
\_\_\_\_\_  
Completion date: \_\_\_\_\_

Dissertation topic has been approved by the department Completion date: \_\_\_\_\_

Other: \_\_\_\_\_ Completion date: \_\_\_\_\_

Other: \_\_\_\_\_ Completion date: \_\_\_\_\_

Other: \_\_\_\_\_ Completion date: \_\_\_\_\_

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Graduation Education: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this form should only be submitted by the department to the OGE.