



Doctoral Advancement to Preliminary Candidacy

Submit after the student's first full quarter of doctoral study. Read the full policy [here](#).

Name: _____ DU ID Number: _____

Graduate Program (Degree & Major): _____

I hereby recommend that the above-named student be advanced to preliminary candidacy for the specified degree on the basis of having met the following requirements. Please note that you only need to mark/provide dates for items that apply to the student and degree.

Student has regular status Completion date: _____

Transfer of credit, if applicable, has been approved Completion date: _____

Student has approved course work plan Completion date: _____

Completion of a non-coursework requirement such as:

- | | |
|---|------------------------|
| <input type="checkbox"/> Capstone/Final Project | Completion date: _____ |
| <input type="checkbox"/> Comprehensive Exam | Completion date: _____ |
| <input type="checkbox"/> Internship | Completion date: _____ |
| <input type="checkbox"/> Language Requirement | Completion date: _____ |
| <input type="checkbox"/> Major Research Paper | Completion date: _____ |
| <input type="checkbox"/> Portfolio | Completion date: _____ |
| <input type="checkbox"/> Practicum | Completion date: _____ |
| <input type="checkbox"/> Praxis Exam | Completion date: _____ |
| <input type="checkbox"/> Qualifying Exam | Completion date: _____ |
| <input type="checkbox"/> Tool | Completion date: _____ |
| <input type="checkbox"/> Written Exam | Completion date: _____ |
| <input type="checkbox"/> Other: _____ | Completion date: _____ |
| <input type="checkbox"/> Other: _____ | Completion date: _____ |

Department Chairperson: _____ Date: _____

Office of Graduate Education: _____ Date: _____