



Doctoral Advancement to Final Candidacy

Submit at least one quarter prior to the quarter in which the student will graduate.

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.

[] 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: _____

Department Chairperson: _____ Date: _____

Associate Provost: _____ Date: _____