



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 | Fax 303-871-4942  
[gradservices@du.edu](mailto:gradservices@du.edu)

## Doctoral Advancement to Preliminary Candidacy

Submit during or immediately after the student's first full quarter of doctoral study.

Name: \_\_\_\_\_

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

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

Degree: \_\_\_\_\_

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.

- Student has regular status Completion date: \_\_\_\_\_
- Transfer of credit, if applicable, has been approved Completion date: \_\_\_\_\_
- Student has approved course work plan Completion date: \_\_\_\_\_
- Student will complete the following tool/research requirement(s), if applicable:
  - \_\_\_\_\_ Completion date: \_\_\_\_\_
  - \_\_\_\_\_ Completion date: \_\_\_\_\_
  - \_\_\_\_\_ Completion date: \_\_\_\_\_
- Student passed departmental qualifying examinations, if applicable Completion date: \_\_\_\_\_

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

Vice Provost: \_\_\_\_\_ Date: \_\_\_\_\_