



MARQUETTE UNIVERSITY GRADUATE SCHOOL ADVANCEMENT TO DOCTORAL CANDIDACY

If you need any assistance completing this form, please contact the Graduate School at 414-288-7137.

STUDENT INFORMATION

Name:	<input type="text"/>	MUID:	<input type="text"/>
Program:	<input type="text"/>	Adviser:	<input type="text"/>

The above student has satisfied the requirements for advancement to candidacy and is hereby recommended to the Graduate School to be made a doctoral candidate.

Date of Advancement to Doctoral Candidacy:

DEPARTMENTAL SIGNATURES

<input type="text"/>	Date:	<input type="text"/>
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Adviser, Dissertation Committee Chair, or DQE Committee Chair

<input type="text"/>	Date:	<input type="text"/>
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Director of Graduate Studies or Department Chair

FOR GRADUATE SCHOOL USE ONLY:

Recorded Date: _____