



# Application for Admission to Candidacy for the Ph.D./Ed.D./D.M.A.

Admission to Candidacy must be approved by the Graduate School at least one (1) semester before graduation.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ C-Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

Major \_\_\_\_\_ Date qualifying examination passed \_\_\_\_\_

Department \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

Fulfilled all departmental requirements and now eligible for admission to candidacy for the Ph.D. with a major in:

Dissertation Title:

**Please note the following before submitting:**

- I understand that my application will be reviewed first by my department and must be approved.
- I certify that I have submitted all original and final transcripts to my department and have no missing items with my Graduate School application.
- I certify that a GRE or GMAT score was sent by ETS to the department.
- I currently have a cumulative GPA of 2.0 or better and have completed at least 12 credits.
- I understand that any delays in submitting my application for candidacy may result in a later graduation date.

**Please remember that your committee must consist of at least three full-time, permanent faculty members from your department and at least one member from outside of your department.**

Committee Chairperson	Department	E-mail Address
<i>Note: Medical School graduate students should insert mentor's name here and chairperson's name in space below.</i>		
Committee Member	Department	E-mail Address
Committee Member	Department	E-mail Address
Committee Member	Department /Affiliation	E-mail Address
Committee Member	Department /Affiliation	E-mail Address
Additional Member(s)	Department /Affiliation	E-mail Address

If there are any changes to the committee, a new application for Admission to Candidacy form must be submitted. Does the above committee reflect any changes to your original committee?  Yes  No

To be signed by department chairperson, graduate program director, or graduate advisor.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to the Graduate School.

Graduate School, 1541 Brescia Ave., Coral Gables, FL 33146  
For more information, please call (305) 284-4154, fax (305) 284-5441, or e-mail us at [graduateschool@miami.edu](mailto:graduateschool@miami.edu).