

Completed by Program Director:

Name of Candidate: _____

Graduate Program: _____ Advisor: _____

List Members of Committee: (NOTE: Must be Graduate Faculty Members)

_____ (Chairman)

Student has presented research proposal to committee

Date of Advancement to Candidacy: _____

Complete if applicable:

Requirements met for concentration in: _____

Signature of Program Director

Date

Completed by Graduate School:

Advance to Candidacy Approved

Transcript checked for GPA: _____

* Advance to Candidacy Not Approved

Required Courses Taken

* Action Required: _____

Ethics Requirements Approved

Copy of Form Returned to Program Director & Student

Signatures:

Director of Graduate School: _____

Date: _____

Registrar: _____

Date: _____

Return completed form to: studentrecords@wakehealth.edu