



WAKE FOREST
UNIVERSITY

GRADUATE SCHOOL of
ARTS & SCIENCES

**APPLICATION FOR CANDIDACY & STATEMENT OF INTENT
DOCTOR OF PHILOSOPHY DEGREE**

Submit completed form with departmental signatures to: *Graduate School Office, Reynolda Village 118A.* This form must be filed with the Graduate School Office by the deadline listed on the academic calendar.

Name: _____

Student ID: _____

Program: _____

Concentration: _____
(If Applicable)

Semester Entered Graduate School:

☐ Fall ☐ Spring ☐ Summer 20_____

Date Preliminary Exam Passed

Phone number: _____

WFU Email: _____

Personal Email: _____

Examination Committee: (All committee members must be on Graduate Faculty)

_____ Advisor

_____ Chair _____

_____ _____

Print your name as you want it to appear on your diploma
First and last name must match student record

Print your hometown as you want it to appear in the Commencement Program

Please mail the diploma to me at the following street address (NO POST OFFICE BOX). Allow 12 weeks for delivery.

AWARDS: Please list any awards which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award.

I fully expect to complete all the requirements for the PhD degree in time for it to be awarded on _____.
Date

Date

Signature of Candidate

DEPARTMENTAL ACTION ON CANDIDACY

Date of Approval

Date of Denial

Signature of Dissertation Advisor

Date of Approval

Date of Denial

Signature of Program Director