Doctoral Candidacy Examination Report: Form D-2

This form and all accompanying Forms D-2a must be filed with the Office of Graduate Studies by the Supervising Professor or Committee Chair – NOT THE STUDENT – within 48 hours of candidacy determination. A unanimous decision must be reached for pro forma approval by the Graduate Studies Office. In the case of disagreement within the Candidacy Committee, the Supervisor/Committee Chair should consult with the Associate Vice Provost, who will be the final arbiter.

Student Information

Name of Student: Student ID Number: Drexel E-mail Address:

Candidacy Examining Committee

1. (Chair)_____ Department _____
2. _____ Department _____
3. _____ Department _____
4. _____ Department _____
5. _____ Department _____
6. _____ Department _____

Date, hour and place of examination:

_____

Candidacy Examination Results

We have examined the above named student. Based on the student's demonstrated level of knowledge and ability:

□ we recommend that the student be admitted to doctoral candidacy status once the appropriate number of credits have been earned; this student, (**choose one**) □ a post-baccalaureate student with a minimum of 45 credits or □ a post-master's student with a minimum of 15 credits, has passed the candidacy exam; I therefore recommend him/her for doctoral candidacy.

□ we do not recommend the student for candidacy status at this time and suggest the following course of action on his/her part:

_____

Each Committee member must sign here to show either agreement with or dissent from the overall result.

	Agree	**Dissent**
1.	(Chair) Last Name _____ _____ __	1. Last Name Signature _____
2.	Last Name Signature _____	2. Last Name Signature _____
3.	Last Name Signature _____	3. Last Name Signature _____
4.	Last Name Signature _____	4. Last Name Signature _____
5.	Last Name Signature _____	5. Last Name Signature _____
6.	Last Name Signature _____	6. Last Name Signature _____

Authorizations

Department Graduate Advisor _____ Date : _____

Office of Graduate Studies: _____ Date: _____