THE UNIVERSITY OF AKRON GRADUATE SCHOOL

ADVANCEMENT TO CANDIDACY & GRADUATION APPLICATION FOR THE DOCTORAL DEGREE

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

This form should be submitted to your advisor prior to May 15 for December graduation; prior to September 15 for May graduation; and prior to February 15 for August graduation.
PLEASE NOTE: This form also serves as a Graduation Application. You will be placed on the graduation list for the degree and term you indicate on this form.

Name _____

Address _____

_____

_____

Phone _____

Email _____

Degree Sought (circle one) AUD EDD PHD

Program of Study_____

Degree/Program Code_____

Term Graduate Study Began_____

Term Graduation Expected_____

- **Multiple Degrees:** A separate advancement to candidacy for Masters or Doctoral degrees must be submitted for each degree sought.
- **Diploma Name:** Your name will be printed on your diploma in the same format that your name is maintained on your permanent record by the Office of the University Registrar**.** The format of your name may be verified online via ZipLine at www.uakron.edu or in person with photo identification. You may verify your address(es) via ZipLine as well.
- **Commencement Participation:** You must have completed or be currently attending all courses necessary to satisfy the requirements of the degree for which you are applying in order to march in the commencement ceremony that you have indicated.
- **BY SIGNING THIS ADVANCMENT TO CANDIDACY**, you permit The University of Akron to print your name in the commencement program and to release your directory information, as it pertains to your degree candidacy, to the Tel Buch (yearbook), vendors of class rings and graduation announcements, photographers and the news media even if you have already filed a Directory Information Restriction Request with the Office of the University Registrar. If you do not wish to sign this graduation application, please contact the Graduation Services unit of the Office of the University Registrar.

In accordance with the rules and regulations of the Graduate School, as specified in the Graduate Bulletin for the degree toward which I am working, I hereby apply for the Advancement to Candidacy and Graduation for that degree.

_____ _____/_____ _____

Student Signature Student ID # Date

Your advisor will list the remaining requirements you must successfully complete before qualifying for the degree. If you have questions after you receive the approved copy of this form, contact your advisor.
All work for the doctoral degree must be completed within a ten-year period.

THIS SECTION IS TO BE COMPLETED BY THE ADVISOR/SCHOOL DIRECTOR AND/OR DEPARTMENT CHAIR

The remaining requirements listed are based on your records at the end of:
SPRING _____ SUMMER _____ FALL _____ 200___ Cumulative GPA _____

_____ Number of graduate semester credits completed to date which may be presented for the degree in accordance with quality, transfer and time limit regulations.

Note: Some credits taken may not necessarily apply toward degree program.

_____ Minimum hours required for this student's degree.

Semester hours of "C" grades earned _____
How many hours apply toward degree? _____
No more than six hours of "C" grades may count toward degree.
Semester hours of Workshops taken _____
How many hours apply toward degree? _____
No more than six hours of workshops may count toward degree.

Residency Requirement Completed _____term to _____term.

Language Requirement Plan A _____ Language Date Passed

_____ Language/Research Technique Date Passed

Plan B _____ Language Date Passed

Plan C _____ Language Substitution Date Passed

List below ALL academic requirements that remain to be completed.
-Continuous enrollment through graduation.
-Submit dissertation to Graduate School by preliminary & final deadlines.
-Comp exams required: Yes No If required, date passed:_____

_____

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_____ _____

Signature of Advisor/School Director/Department Chair Date
Signature signifies approval of the student's advancement to candidacy.

THIS SECTION IS TO BE COMPLETED BY THE GRADUATE SCHOOL

This form has been reviewed and evaluated (and revised if necessary) by the Graduate School to assure compliance with the requirements as listed in the Graduate Bulletin.

_____ _____

Graduate School Approval Date
Signature signifies approval of the student's advancement to candidacy.

The University of Akron is an Equal Education and Employment Institution.