

UC DAVIS

GRADUATE STUDIES

Receipt #: _____
Filled by Graduate Coordinator

Candidacy for the Degree of Doctor of
 Philosophy (Ph.D.) | Education (Ed.D.) | Engineering (D.Engr.) | Nursing Practice (DNP) – Plan B

The **\$90 Candidacy Fee** must be paid online at the [GS Forms Store](#) or at the Cashier's Office before this form is submitted to Graduate Studies. *Fee subject to change.*

Candidacy fees support professional development programming available to graduate students through the [GradPathways Institute for Professional Development](#).

Last Name	First Name	Middle Name(s)	Student ID Number	
Student Email	Graduate Program	QE Date (Pass)	Deg. Seq. # (Coordinator)	Program Code (Coordinator)

Expected term for completion of all requirements, including dissertation (fill in year):

Spring 20____ Summer 20____ Fall 20____ Winter 20____

Applicant Signature: _____ **Date:** _____

Recommended Dissertation Committee

Once approved by the Dean of Graduate Studies, all committee members listed must read and sign the dissertation. A [Reconstitution of Committee Request](#) must be submitted in order to change the committee after approval.

Full Name <small>If including Co-Chairs, please note that next to their names.</small>		Title <small>(Prof, Assoc, etc.)</small>	Home Department	Email Address
Chair				
Optional 4 th member (must read and sign dissertation)				
Optional 5 th member (must read and sign dissertation)				

Optional External Member

Is a member of the committee listed above an external member (individual with employment outside the UC system)? Yes No

- If yes, an [External Committee Membership Application](#) and the external member's CV must be submitted with the Candidacy.

Name of External Member: _____

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Graduate Program Section

Please confirm you have done the following to ensure the student is eligible for candidacy:

- Checked the student's transcript to verify any final required coursework or incomplete grades have been completed, and that the foreign language requirement has been fulfilled (if applicable).
- Viewed the QE Pass Report
- Reviewed the dissertation committee for eligibility, in accordance with [Graduate Council policy](#) & your [program](#) degree requirements

Graduate Program Advisor Signature: _____ Date: _____
(Advisor with signing authority)

Print Graduate Program Advisor Name: _____

Dissertation Committee Chair Signature: _____ Date: _____

Print Dissertation Committee Chair Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Print Graduate Program Coordinator Name: _____

Designated Emphasis (DE) Section – for students admitted to a DE only

Designated Emphasis in: _____

Committee Member who will read the dissertation for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

Second (if applicable) Designated Emphasis in: _____

Committee Member who will read the dissertation for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

SDSU Ecology Certification (for JDPE students only)

SDSU Dean Signature: _____ Date: _____

JDPE Program Chair Signature: _____ Date: _____

JDPE Program Coordinator Signature: _____ Date: _____

Graduate Studies Section

Matriculation: _____ Fee Paid: _____ Dissertation Filed: _____

Full Time: _____ Qtrs/Res: _____

G.P.A.: _____ Registered/Filing Fee: _____ Degree Conferred: _____
(at time of Filing)

Deficiencies: _____

ETD Number: _____ Embargo: _____ Copyright: Yes No

Dean of Graduate Studies Signature: _____ Date: _____ Staff Initials: _____