

Name: \_\_\_\_\_  
Last First

ID: \_\_\_\_\_

# Andrews University

## ADVANCEMENT TO CANDIDACY Doctoral Program

School: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Anticipated Grad. Date: \_\_\_\_\_

Department: \_\_\_\_\_  
Emphasis: \_\_\_\_\_  
Bulletin: \_\_\_\_\_

**Must have REGULAR status**

### 1. RECORDS OFFICE

Application for graduation

Records Office

Date

### 2. PROGRAM REQUIREMENTS (To be filled in by the department)

Required credits: \_\_\_\_\_

Minimum 500 & above: \_\_\_\_\_

Language:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Comprehensive:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Teaching Certificate:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Thesis:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Department Requirement:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Portfolio	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Recital	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Project(s):	No	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Department Chair/Program Director

Date

### 3. COURSE REQUIREMENTS: (from attached check sheet)

#### GRADUATE CREDITS

	400-499		>500	Total
Completed: Transfer	_____	+	_____	_____
AU	_____	+	_____	_____
Proposed: Transfer	_____	+	_____	_____
AU	_____	+	_____	_____
Totals	_____	+	_____	_____

Tour/Workshop: \_\_\_\_\_

Independent Study: \_\_\_\_\_

Total: \_\_\_\_\_

**Note: all transfer courses must be approved by petition and an official transcript on file in Records Office.**

Academic Adviser

Date

### 4. GRADUATE SCHOOL

Regular Status:

Meets Requirements:

Graduate GPA: \_\_\_\_\_

Transfer meets requirements:

All bulletin requirements met or petitioned:

School of Graduate Studies

Date

### 5. APPROVAL

School Dean /Graduate Program Coordinator

Date Granted

