MARQUETTE UNIVERSITY GRADUATE SCHO ADVANCEMENT TO DOCTORAL CANDIDACY

If you need any assistance completing this form, please contact the Graduate School at 414-288-7137.

STUDENT INFORMATION

| Name: | | MUID: | |
|-----------|--|-----------|--|
| Program: | | Adviser: | |
| | ve student has satisfied the requirements for be made a doctoral candidate. | advance | ment to candidacy and is hereby recommended to |
| Date of A | Advancement to Doctoral Candidacy: | | |
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| DEPAR | RTMENTAL SIGNATURES | | |
| | | Date: | |
| Adviser, | Dissertation Committee Chair, or DQE Com | mittee Ch | air |
| | | Date: | |
| Director | of Graduate Studies or Department Chair | | |
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| | ADUATE SCHOOL USE ONLY: | | |
| Recorded | d Date: | | |