



# University of New Hampshire

Graduate School, Thompson Hall, 105 Main Street, Durham, NH 03824-3547

## Doctoral Candidacy Form

Student Name: \_\_\_\_\_

Major: \_\_\_\_\_ Email: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Effective date of candidacy: \_\_\_\_\_ Date requirements for Master's degree completed: \_\_\_\_\_

Date(s) qualifying exam(s) passed: \_\_\_\_\_

Language(s)/Research Proficiency Requirement(s) required? If yes, specify date(s) completed and requirement(s)	<input type="radio"/> Yes	_____	_____
	<input type="radio"/> No	_____	_____
		Date	Requirement

Topic of dissertation research: \_\_\_\_\_

**NOTE:** If you wish to nominate the Doctoral Committee at this time, please indicate their names. This committee supervises and passes upon the dissertation and administers the final examination. **The Graduate Faculty have specified that the committee be composed of a minimum of five members**, usually three from a student's major department and two from related departments. The Dean of the Graduate School is an ex-officio member.

**NOTE:** Individuals who are not regular members of the graduate faculty may be nominated to serve on committees in accordance with individual program policies. **A current CV must accompany this form for any individual so nominated.**

<b>Committee Membership:</b>	Committee Member	Chair	Department
Please print or type the first and last name of each committee member to be nominated.	_____	_____	_____
If your committee has not yet been formed, please be sure to file the <u>Dissertation Committee Nomination Form</u> at a later date.	_____	_____	_____
	_____	_____	_____

Nominated by: \_\_\_\_\_ Date \_\_\_\_\_  
Graduate Program Coordinator

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Dean of the Graduate School

For office use only: TLX _____ Entered _____
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