

College of Graduate Studies
Medical University of South Carolina

CERTIFICATION OF ELIGIBILITY
ADMISSION TO CANDIDACY

Name of Student: _____

Department: _____

The Advisory Committee for the above-named student certifies that the student has completed the Program of Study and has now successfully completed the Qualifying Examination(s) listed below:

Date Qualifying Exams Completed

Written Exam: _____

Proposal/Oral Exam: _____

It is requested that the above-named student be admitted to Candidacy for the Ph.D. Degree.

	_____	_____
	<i>Advisory Committee Chairperson</i>	<i>Date</i>
	_____	_____
	<i>Co-Chair (if applicable)</i>	<i>Date</i>
Signatures, Advisory Committee	_____	_____
	_____	<i>Date</i>
	_____	<i>Date</i>
	_____	<i>Date</i>
	_____	<i>Date</i>
	_____	<i>Date</i>
_____	_____	_____
<i>Graduate Coordinator</i>		<i>Date</i>
	_____	<i>Date</i>

RETURN COMPLETED FORM TO GRADUATE OFFICE