

**College of Graduate Studies  
Medical University of South Carolina**

**CERTIFICATION OF ELIGIBILITY - ADMISSION TO CANDIDACY**

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

Program \_\_\_\_\_

The Dissertation Advisory Committee for the above-named student certifies that the student has completed the Program of Study and has now successfully completed the Qualifying Examinations.

**Date of Successful completion of Admission to Candidacy Exam**      Date: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name – Dissertation Advisory Chairperson

\_\_\_\_\_  
Signature *Chairperson*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Printed Name – Co-Chair*

\_\_\_\_\_  
*Co-Chair (if applicable)*

\_\_\_\_\_  
Date

Printed Names

Signatures

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Graduate Coordinator*

\_\_\_\_\_

\_\_\_\_\_  
*Date*

All CGS students are required to prepare an Individual Development Plan (IDP) after advancement to candidacy, and thereafter annually. You may open the survey by clicking this link. [CGS Graduate Student IDP Worksheet](#) If this link does not work, try copying the following link into your web browser. <https://redcap.musc.edu/surveys/?s=HWWY4877DE>