

**GRADUATE SCHOOL OF PUBLIC HEALTH
REPORT ON REQUIREMENTS FOR DOCTORAL DEGREE**

Student Name _____ PeopleSoft # _____ Degree and Department _____

*** Committee signatures required for items A, C, E, G. Sign at bottom of form.**

*A. _____ Preliminary or Qualifying Examination Passed _____ Failed _____ on: _____ date

B. _____ First IDP (Independent Development Plan) Completed _____ on: _____ date

Student services coordinator _____ signature, printed name

*C. _____ Dissertation Overview Approved _____ on: _____ date

D. _____ Second IDP Completed _____ on: _____ date

Student services coordinator _____ signature, printed name

*E. _____ Comprehensive Examination Passed _____ Failed _____ on: _____ date

F. _____ Admitted to Candidacy on: _____ date

Items A through E must be completed before admission to candidacy. Student must be in full status, pass preliminary and comprehensive exams, complete course work with minimum 3.0 GPA, have dissertation proposal approved at overview meeting of the doctoral committee, submit 2 IDPs.

Check to confirm that student has full (not provisional) status

Student services coordinator _____ signature, printed name

*G. _____ Dissertation Defense Passed _____ Failed _____ on: _____ date

H. _____ Student completed the exit survey on: _____ date

Student services coordinator _____ signature and printed name

I. _____ I certify that the student has fulfilled all requirements for graduation as of: _____ date

Advisor or program director _____ signature, printed name

*** Faculty Committee Member Signatures. Sign and Print Name.**

1. _____
Committee Chair/Co-Chair Department Date

2. _____
Committee Member Department Date

3. _____
Committee Member Department Date

4. _____
Committee Member Department Date

5. _____
Committee Member Department Date

Approved: _____
Department Chair Date