

This Form **MUST** Be Typed

OFFICE OF GRADUATE STUDIES

MISSISSIPPI STATE UNIVERSITY
ADMISSION TO CANDIDACY FORM
For the degrees of
Doctor of Philosophy
Doctor of Education

NAME: _____ MSU ID NO. _____
(Last) (First) (Middle)

ADDRESS: _____
(Box - Street) (City) (State) (Zip)

DEGREE: _____ MAJOR: _____

MINOR: _____

_____ Date of admission to degree program

_____ Date graduate program approved

_____ Number of course hours completed to date

_____ Number of dissertation research hours completed to date

_____ Date preliminary exam passed

_____ Date exam passed in _____ for research skill 1

_____ Date exam passed in _____ for research skill 2

_____ Date proposed dissertation title approved by Director
(If the dissertation title changes, notify the Graduate Studies Office in writing)

Proposed Title of Dissertation:

SIGNATURES:

Typed Name

Major Professor Date

Typed Name

Director of Dissertation Date

Typed Name

Program Graduate Coordinator Date

Typed Name

Student Signature Date