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 (should be confirmed before first exam).

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 &Print Name.

1._____   _____   _____
Committee Chair/Co-Chair   Type Name & Department   Date

2._____   _____   _____
Committee Member   Type Name & Department   Date

3._____   _____   _____
Committee Member   Type Name & Department   Date

4._____   _____   _____
Committee Member   Type Name & Department   Date

5._____   _____   _____
Committee Member   Type Name & Department   Date

6._____   _____   _____
Committee Member   Type Name & Department   Date

Approved/Signature:_____   _____
                        Department Chair   Date
                        Type Name: