

MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
ADMISSION TO CANDIDACY FOR
DOCTOR OF PHILOSOPHY/DOCTOR OF EDUCATION DEGREE

Name: _____ MSU ID: _____ Net ID: _____
Last *First* *Middle*

Check One:

_____ Doctor of Philosophy Degree (Ph.D.)

_____ Doctor of Education Degree (Ed.D.)

Major: _____

Concentration (if applicable): _____

Minor (if applicable): _____

.....
_____ Semester and year of admission to doctoral degree program

_____ Semester and year of earliest course that appears on the Graduate Program of Study (POS)
Please note: The time limit to complete all requirements to earn a doctoral degree is 8 years after enrollment into the first course, including transfer credit.

_____ Number of course hours completed to date

_____ Number of dissertation hours completed to date (20 hours required)

_____ Date written preliminary exam passed

_____ Date oral comprehensive/preliminary exam passed
Please note: Student must meet continuous enrollment requirement after passing preliminary examination

_____ Date of approval of proposed dissertation topic/title

Proposed Title of Dissertation:

.....
Typed/Printed Name:

Approval Signatures:

Student _____

_____ Date

Major Professor _____

_____ Date

Co-Major Professor (if applicable) _____

_____ Date

Graduate Coordinator _____

_____ Date

Minor Professor (if applicable) _____

_____ Date

Minor Graduate Coordinator (if applicable) _____

_____ Date

Dean (if applicable) _____

_____ Date

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Submit this form to the Office of the Graduate School with the Report of Examination Results for the preliminary examination.