

UC DAVIS

GRADUATE STUDIES

Candidacy for the Degree of Doctor of

Philosophy (Ph.D.) | Education (Ed.D.) | Engineering (D.Engr.) – Plan B

The Qualifying Exam Chair signature is no longer required.

NOTE: \$90 Candidacy Fee must be paid at Cashier's Office before this form is presented to Graduate Studies. Fee subject to change without notice.

| | | | | | |
|------------------------|------------------|------------|--|----------------|-------------------|
| Last Name | | First Name | | Middle Name | Student ID Number |
| Current Address | | City | | State/Zip Code | Telephone Number |
| Degree Sequence Number | Graduate Program | | | Program Code | E-mail |

All requirements, including dissertation, to be completed by: (fill in one)

June 20 _____ September 20 _____ December 20 _____ March 20 _____

Applicant Signature: _____ Date: _____

Recommended Dissertation and Final Exam Committee:

Once approved by Graduate Studies, a change to committee membership requires submission of a *Petition for Reconstitution of Committee Membership* prior to submission of the dissertation to Graduate Studies. All committee members listed are required to read and sign your dissertation.

| Name (First, Middle Initial, Last) _____, Chair | Academic Title (Prof., Assoc. Prof., etc.) | Home Department |
|--|--|-----------------|
| | | |
| | | |
| Additional 4 th member (must read and sign your dissertation) | | |
| Additional 5 th member (must read and sign your dissertation) | | |

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GRADUATE PROGRAM APPROVAL

Graduate Program Advisor Signature: _____ Date: _____
(Advisor with signing authority)

Print Graduate Program Advisor Name: _____

Dissertation Committee Chair Signature: _____ Date: _____

Print Dissertation Committee Chair Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Print Graduate Program Coordinator Name: _____

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY

Designated Emphasis in: _____

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

Second (if applicable) Designated Emphasis in: _____

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

GRADUATE STUDIES SECTION

Matriculation: _____ Fee Paid: _____ Dissertation Filed: _____

Full Time: _____ Qtrs/Res: _____ Final Exam Date: _____

G.P.A.: _____ Registered/Filing Fee: _____ Degree Conferred: _____
(at time of submission)

Deficiencies: _____

ETD Number: _____ Embargo: _____ Copyright: Yes No

APPROVED

Dean of Graduate Studies Signature: _____ Date: _____ Staff Initials: _____