

Application for Candidacy for the Degree of Doctor of Philosophy

Students must be registered for the quarter during which they advance to candidacy.

Please print or type.			
First name: SI	D or UC ID:		
Last name: Uo	CSF email:		
Graduate program:			
Proposed dissertation title:			
Nomination of members for the dissertation committee. A minimum of three members (please print or type).		Application fee Program administrators and Graduate Division use only	
, Chairperson	Recharge authorization		
Estimated date of completion:	Authorized by		
quarter:	Program administrator or PI signature		
Approved:	-	nmittees that include non-	
Signature, chairperson of dissertation committee	Academic Senate members require approval from the graduate program director.		
Graduate advisor (please print or type)			
Signature, graduate advisor	Graduate program director signature		
Student signature:	date:		
Office of Student Academic Affairs use only		date:	
Approved:Dear	EDean, Graduate Division		

Complete this form *electronically* and then submit to Box 1227 or email to ellen.levitan@ucsf.edu