



OFFICE OF RESEARCH AND GRADUATE EDUCATION

ROBERT C. BYRD HEALTH SCIENCES CENTER

DOCTORAL CANDIDACY EXAMINATION

(revised 6/2018)

This form should be taken to the dissertation proposal defense and signed by all committee members at the conclusion of that defense.

Student Name: _____ WVUID#: _____

Graduate Program: _____ Examination Date: _____

This is to certify that the student named above, a PhD candidate in the graduate program listed above, completed the Doctoral Candidacy Examination as follows:

Approved

Failed

Signatures of Graduate Student Advisory Committee:

Names of Committee Members (typed)

(Chair)

Note: Once committee and/or program director signatures (if applicable) have been obtained, please submit this form to the Office of Research and Graduate Education. This original document will be placed in the student's permanent file (in this office), and an electronic version will be uploaded and made available to program directors and advisors on a secure file-sharing network (i.e. SOLE).

Rev. 6/2018

Office Use Only		
Date received _____; Initials _____	Entered in database <input type="checkbox"/> ; Date _____	Uploaded to SOLE <input type="checkbox"/> ; Date _____