**UNIVERSITY OF MARYLAND, COLLEGE PARK**  
Office of the Registrar

**APPLICATION FOR ADMISSION TO CANDIDACY**  
FOR THE DEGREE OF

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**Directions:** Read carefully the specific requirements for the doctoral degree as set forth in the Graduate Catalog. Complete this form and have it endorsed by your advisor and the Director of the Graduate Program in which the degree is offered. This form must be received by The Office of the Registrar prior to the 25th of the month in order for the advancement to be effective the first day of the following month. All admission provisions must be met in order to advance to candidacy.

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Date: _________________

____________________________
Print Full Name (Last, First, Middle)

____________________________
Student University ID Number (UID)

____________________________
Address

____________________________
Graduate Program Code

____________________________
City, State, Zip

____________________________
Degree Sought: ____________________

____________________________
(Area Code) Telephone

____________________________
Email Address

**Date Comprehensive Examination Completed**

To the Advisor: By endorsing this application, you are attesting that, in the opinion of the student’s professor, he or she has undergone the necessary preliminary examinations or such other substantial tests as the program may elect as prerequisites to candidacy, and has demonstrated the ability to continue graduate study in the chosen field successfully and to pursue the degree sought. Please print name and sign below, where indicated.

____________________________
Academic Advisor’s Name (Print)

____________________________
Academic Advisor’s Signature

____________________________
Date

____________________________
Email Address/Extension

____________________________
899/899 Section Number

____________________________
Graduate Program Director’s Signature

____________________________
Date

____________________________
Email Address/Extension

____________________________
Registrar or Designee

____________________________
Date

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Please submit this form electronically to registrar-graduate@umd.edu or mail to the Office of the Registrar, 1113 Mitchell Building, College Park, MD 20740

Revised 05/2022