

**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.

		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 Complet	 ed		
necessary preliminary examinations or such	other substantial tes	at, in the opinion of the student's professor, he or she has undergor s as the program may elect as prerequisites to candidacy, and has d Illy and to pursue the degree sought. Please print name and sign be	emonstrated
Academic Advisor's Name (Print)		Email Address/Extension	
Academic Advisor's Signature	Date	899/899 Section Number	
Graduate Program Director's Signature	Date	Email Address/Extension	
Registrar or Designee	Date		
Please return this form to:			
Please return this form to:		fice of the Registrar ilding ● University of Maryland	
Please return this form to:	1113 Mitchell Bu College Pa	fice of the Registrar ilding • University of Maryland :k, Maryland 20742-5121 :trar-graduate@umd.edu	