

**College of Graduate and Professional Studies  
Indiana State University  
Terre Haute, Indiana**

ADMISSION TO CANDIDACY (Ph.D., Psy.D.)

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Last                      First                      Middle

Academic Department \_\_\_\_\_ Academic Program \_\_\_\_\_

Semesters of Residency(Semester/Year-Semester/Year) \_\_\_\_\_

Research Tool I Type: \_\_\_\_\_ Date Completed \_\_\_\_\_

Research Tool II Type: \_\_\_\_\_ Date Completed \_\_\_\_\_

Qualifying Exam \_\_\_\_\_ Qualifying Exam Date \_\_\_\_\_

The student has passed the examination and committee recommends admission to candidacy.

The student has failed the examination and is eliminated from the program.

Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Department Chair or Home Univ. Program Coord. \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Academic Dean or Ph.D. Consortium Director \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

College of Graduate and Professional Studies \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Submit one copy of this form to the College of Graduate and Professional Studies.

Distribution: Committee Chairperson, Department Chairperson (Home School Program Coordinator), Academic Dean (Ph.D. Consortium Director), College of Graduate and Professional Studies, Registrar.