

**RECOMMENDATION TO CANDIDACY FOR THE
DOCTOR OF EDUCATION/PHILOSOPHY DEGREE**

SECTION I: TO BE COMPLETED BY THE STUDENT

DEPARTMENT OF _____ **College/School** _____

STUDENT'S FULL NAME (Print) _____ **SIGNATURE** _____

STUDENT T# _____ **CURRENT ADDRESS** _____
Street City State Zip Code

SECTION II: TO BE COMPLETED BY THE DEPARTMENT

A. Graduate program being pursued or to be completed (List by number all graduate courses which the candidate (1) is now taking, and (2) still needs to take.)

1. Courses being pursued:

| <u>Course No.</u> | <u>Course Title</u> | <u>Enrolled Semester/Year</u> |
|-------------------|---------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Course No. /Courses Needed: Course Title Enrolled Semester/Year

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Doctoral credits completed at Texas Southern University _____ Total hours required _____

4. Approved Doctoral credits transferred from another university _____

B. Date of Admission to Doctoral Program (Semester-Year) _____

C. Qualifying Examination passed (Semester-Year) _____

D. Comprehensive Examination passed (Semester-Year) _____

E. Internship completed (Semester-Year) _____

F. Residency completed or date to be completed (Semester-Year) _____

G. Graduate Record Examination taken (Semester-Year) _____

H. Certification (Completion) of satisfactory English requirement _____

(GRE/AWS score) (ENG 501)/Semester-Year

SECTION III: CERTIFICATION OF PREVIOUS STUDIES (TO BE COMPLETED BY THE STUDENT)

1. Undergraduate studies

a. Institution _____

b. Degree received _____ Date _____

2. Graduate Studies in other institutions:

- a. Institution _____
- b. Years in attendance _____
- c. Degree received _____ Date _____

SECTION III (CONTINUED):

3. Master's degree credits earned at Texas Southern University

- a. Number of semesters in attendance _____
- b. Number of credit hours earned _____
- c. Degree received _____ Date _____

Recommendation to Candidacy by Major Department _____ Date _____

Approved By:

Program Advisor (Signature)

Department Head (Signature)

Director Doctoral Center (Signature)

Dean, College/School

I certify that the above information is correct:

Assistant Dean of the Graduate

Date

SECTION IV: PRESENTATION TO THE GRADUATE DEAN

Action of Graduate Office:

_____ is recommended to the Graduate Council for candidacy for the degree
(Name of Candidate)

Doctor of Education/Philosophy.

() Approved _____
Dean of the Graduate School

Date