

College of Graduate Studies
Medical University of South Carolina

CERTIFICATION OF ELIGIBILITY

ADMISSION TO CANDIDACY

Name of Student: _____

Department: _____

The Advisory Committee for the above-named student certifies that the student has completed the Program of Study and has now successfully completed the Qualifying Examination(s) listed below:

QUALIFYING EXAMINATIONS

DATE COMPLETED

Written Exam: _____

Oral Exam: _____

It is requested that the above-named student be admitted to Candidacy for the Ph.D. Degree. An approved **Plan of Research** is attached.

Advisory Committee Chairperson

Date

Co-Chair (if applicable)

Date

Signatures, Advisory Committee

Date

Date

Date

Date

Graduate Coordinator

Date

Date

RETURN COMPLETED FORM TO GRADUATE OFFICE