

**College of Nursing/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

Signatures, Advisory Committee

Date

Date

Date

Doctoral Program, Director