



RECOMMENDATION FOR ADVANCEMENT TO CANDIDACY

STUDENT INFORMATION:

Form with fields for First Name, Last Name, Student Number, E-mail, Address, City, Postal Code, Degree, Telephone, Graduate Program Name, and Degree Program Start Date.

Composition of Supervisory Committee:

Minimum three members. Please type or print names clearly.

Table with 2 columns and 2 rows for listing committee members.

Advancement to Candidacy: Doctoral Programs

The basic requirements for a doctoral student to be advanced to candidacy are:

- all required coursework has been successfully completed
the comprehensive examination has been passed
the research supervisor has certified that the thesis proposal has been approved by the Supervisory Committee.

Where the graduate program specifies the completion of a foreign language requirement, it is an additional requirement for being advanced to candidacy. Programs may also wish to apply additional criteria for students to be advanced to candidacy. In such cases, programs must inform the Faculty of Graduate Studies and the student(s) of these criteria in writing.

Students are expected to complete their comprehensive examination within 24 months from the date of initial registration. A student who has not advanced to candidacy within 36 months from date of initial registration must withdraw from the program. Extension of this period may be permitted by the Dean of Graduate Studies in exceptional circumstances. Date of advancement to candidacy is recorded on the student's transcript.

As soon as a student has satisfied all requirements, the program must recommend to the Faculty of Graduate Studies that the student be advanced to candidacy. This status is entered on the University's Student Information System.

Date of Completion of Required Coursework: (yyyy/mm/dd) \_\_\_\_\_

Date of Completion of Comprehensive Examination: (yyyy/mm/dd) \_\_\_\_\_

Date of Approval of Thesis Proposal by Supervisory Committee: \_\_\_\_\_

Date of Completion of Requirements for Candidacy: (yyyy/mm/dd) \_\_\_\_\_

Please note that this form will not be processed for students who have outstanding fees.

Approval of Research Supervisor:

Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Program \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Approval of Graduate Program Advisor:

Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Program \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Faculty of Graduate Studies use only: Date of Approval, Signature of FoGS Clerk