

Advancement to Candidacy Form

This form should be submitted to gnsao@uci.edu and the PhD Program Director at least 4 weeks prior to the planned proposal defense date for approval.

PhD Student Candidate's Name:
Planned Candidacy Oral Exam Date:
Preliminary Study Title:
Proposed Candidacy Committee Chair: Must be Senate faculty in the School of Nursing.
Faculty Name:
Proposed Candidacy Committee Members: Must consist of 3 University of California voting academic Senate faculty, 2 of which must have a primary or joint appointment in the school. The committee must have a minimum of 3 members and a maximum of 5. It is strongly recommended, but not required, to have 1 outside member, whom must NOT have any affiliation with the school (but be a UCI voting senate faculty).
NOTE: Please place an asterisk next to the name of at least 3 faculty members that will serve on your Dissertation Defense Committee.
Faculty Name:
Title:
UC Academic Unit/School:
Email:
Faculty Name:
Title:
UC Academic Unit/School:
Email:
Faculty Name:
Title:
UC Academic Unit/School:

Email:		
Faculty Name:		
Title:		
UC Academic Unit/School:		
Email:		
Oversight Member only if needed (see candidacy handbook for details	s)	
Faculty Name:		
Title:		
UC Academic Unit/School:		
Email:		
Student: Acknowledgement that if an "Oversight Member" is required, all processes and approvals have been obtained by the Dean of Graduate Division (see page 5 of Form 1)		
Acknowledgement that the student will submit the "outline of the proposed dissertation project" to the Candidacy Committee at least 2 weeks prior to the proposed exam date, for the committee to provide feedback to the candidate as needed.		
Graduate Student Signature:	Date:	
Faculty Advisor: I agree to give the committee at least two weeks to read and give any feedback to me as faculty advisor about the student's readiness to defend.		
Faculty Advisor Signature:	Date:	
Program Director Signature:	Date:	