

Joint Doctoral Program

REPORT OF THE QUALIFYING EXAMINATION AND ADVANCEMENT TO CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN LANGUAGE AND COMMUNICATIVE DISORDERS

NAME: _____
Last First Middle

_____ *email address:* _____
SDSU Student ID # UCSD Student #

To: Dean, Office of Graduate Studies, UCSD / Dean, Graduate Affairs, SDSU

The members of the Joint Doctoral Committee for the Qualifying Examination report that the candidate has completed all pre-dissertation requirements in the major and taken the qualifying examination on Date of Proposal Defense: _____

Committee Member (<i>print or type</i>)	TYPE EMAIL ADDRESS OF EACH MEMBER	Institution	Approval of Qualifications
Chair	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Chair (<i>if applicable</i>)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

The committee recommends advancement to candidacy for the degree of Doctor of Philosophy in: Language and Communicative Disorders

Approved SDSU:

SDSU Co-Director

Date

Approved UCSD:

UCSD Co-Director

Date

The candidacy fee (\$50) has been paid. **TO BE ASSESSED TO YOUR TRITONLINK ACCOUNT--- NO SIGNATURE NEEDED**

Validated by UCSD Cashier

Date

I request advancement to candidacy. I plan to complete my dissertation by:

CHOOSE FALL, SPRING, OR SUMMER, AND PUT YEAR (YYYY)

Date Signed

Signature

Advancement to candidacy approved:

Dean, Graduate Affairs, SDSU

Date

Dean, Office of Graduate Studies, UCSD

Date

- Distribution:
- ✓ Dean, Office of Graduate Studies, UCSD
 - ✓ Department/Group Chair, UCSD
 - ✓ Student
 - ✓ Dean, Graduate Affairs, SDSU
 - ✓ Graduate Adviser, SDSU
 - ✓ UCSD Registrar (*original*)