GRADUATE DIVISION, BOBBY B. LYLE SCHOOL OF ENGINEERING
Southern Methodist University

Admission to Candidacy

Degree ____________________________ Department ____________________________

Major ____________________________ Minor(s) ____________________________

(Mr.) (Mrs.) (Ms.) ____________________________ is hereby certified as having met all the requirements for admission to candidacy for the degree named above. Included among these requirements are the following (please check or answer as required):

1. Grade average of 3.00 or better Yes ______ No ______
2. Name language examinations or alternative and date passed ______
3. Written Qualifying examination: Date passed ______ Not required ______
4. Oral Qualifying examination: Date passed ______ Not required ______
5. Title of thesis or dissertation ______

6. No. of SMU hrs. completed ______ 7. Master’s Degree: Where Rec’d ______ Date Rec’d ______
8. List other graduate coursework above master’s degree, if applicable toward SMU doctoral degree ______

Anticipated date of degree (month and year) ______

Statement of any necessary changes in student’s program or of special conditions: ______

Signatures of faculty adviser or members of supervisory committee.*
(please type or legibly write names and have members sign on top of or to the right of written or typed name)

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Department Chair ____________________________

Director of the Graduate Division ____________________________ Date ______

Names of faculty representatives attending qualifying examination if different than members of supervisory committee.

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

Name ____________________________ Field ____________________________

* For the doctoral candidate no fewer than five faculty members shall be present for the oral position of the examination but only the official members of the Supervisory Committee are required to sign this form.