Print Form

The Graduate School
Academic Services Building, Room 223
The University of Texas at El Paso
500 W. University Avenue El Paso, Texas 79968
(915) 747-5491 Fax (915) 747-5788
http://www.utep.edu/graduate

Application for Candidacy & Final Degree Plan

* for Doctoral students only
Form 4
Submit to the Graduate School for Processing

Student Name: _____ ID Number: _____

E-mail Address: _____ Phone Number _____

Address:
City, State/ and Zip Code _____

Doctoral Program _____ Term of Admission: _____

Dates of Qualifying Exams (If required)		
Exam #1	Exam #2	Exam #3

Date of Dissertation Proposal Defense _____

If your research involved human subjects, make sure a copy of **approved** IRB (Institutional Review Board) application is on file at the Graduate School.

Official Candidacy Conferral Date: _____ Expected Term of Graduation: _____

Title of Dissertation _____

_____

Dissertation Committee	Name	Signature	Date
Supervisor			
Co-Supervisor			
Member			
Member			
Member			
Member			
Member			

Signature Approval	Name	Signature	Date
Candidate			
Graduate Advisor			
College Dean			
Graduate School			

☐ Form 1 on file _____ ☐ Form 2 on file _____ ☐ Form 3 on file _____

Degree Plan

Student Name ______________________________ Student ID ______________________________

List ONLY courses that apply towards your degree requirements. Include in-progress and pending courses.
Total courses/hours listed below should equal total hours/courses required of the degree as listed in the Graduate Catalog.

Semester	Subject	Number	Grade	Semester	Subject	Number	Grade

Student Signature & Date ______________________ Graduate Advisor Signature & Date ______________________