## **Application for Admission to Candidacy**

STUDENT AND PROGRAM



For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln

First Name			NUID Number			
Last Name			Campus Email		@huskers.unl.edu	
Degree	☐ D.M.A. Specialization	Specialization				
PROGRA		Nillioi				
		ensive Examination Passed		(required)		
	-	ensive Examination Passed	-			
<u> </u>			Year	 Month □ May	☐ August ☐ December	
The Academ	ic Residency requ	irement, if not previously no	oted as met, will need to be met p	prior to the scheduling of the	oral defense.	
STUDENT	CERTIFICAT	ION				
We, the und	SORY COMMI				pleted the language and research lacy for the degree.	
Signature, Chair			Signature	Signature		
Signature			Signature	Signature		
Signature Signature, Outside Representative  We, the undersigned, record our dissenting vote.						
Signature			Signature			
CERTIFIC	ATION BY AC	ADEMIC DEPARTME	NT			
			e College for admission to Cand	idacy for the degree.		
Signature.	Departmental Grad	uate Program Chair				

Revised 2023/02 by OGS/EP