



Request for Admission to Candidacy

Date: _____

Student: _____

Student ID#: _____

Program: _____

Committee Members:

We, the undersigned, affirm that this student has successfully completed the qualifying examinations as required for the following degree:

In addition, the student has met the following requirements for admission to candidacy:

Unconditional admission

Approved Degree program

Completion of research tools on the approved doctoral degree plan

Good academic standing

Committee Chair: _____

Chair/Director/Associate Dean: _____

Graduate School Approval: _____

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.

This form was last revised in May 2024

TWU Graduate School

940 898 3415 | gradschool@twu.edu