

STEP 4

RECOMMENDATION TO CANDIDACY FOR THE DOCTOR OF EDUCATION/PHILOSOPHY DEGREE

DEPARTMENT OF _____ in the College/School _____

STUDENT'S FULL NAME (Print) _____ SIGNATURE _____

STUDENT T# _____ CURRENT ADDRESS _____
Street City State Zip Code

Email Address _____ Phone Number _____

A. Graduate program being pursued or to be completed (List by number all graduate courses which the candidate (1) is now taking, and (2) still needs to take.)

1. Courses being pursued:

<u>Course No.</u>	<u>Course Title</u>	<u>Enrolled Semester/Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Course No. /Courses Needed: Course Title Enrolled Semester/Year

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Doctoral credits completed at Texas Southern University _____ Total hours required _____

4. Approved Degree Plan submitted (Semester-Year) _____

4. Approved Doctoral credits transferred from another university _____

B. Date of Admission to Doctoral Program (Semester-Year) _____

C. Degree Plan submitted to Graduate School _____

D. Qualifying Examination passed (Semester-Year) _____

E. Comprehensive Examination passed (Semester-Year) _____

F. Internship completed (Semester-Year) _____

G. Residency completed or date to be completed (Semester-Year) _____

H. Graduate Record Examination taken (Semester-Year) _____

I. Certification (Completion) of satisfactory English requirement _____

(GRE/AWS score) (ENG 501)/Semester-Year

CERTIFICATION OF PREVIOUS STUDIES

- 1. Undergraduate studies
 - a. Institution _____
 - b. Degree received _____ Date _____
- 2. Graduate Studies in other institutions:
 - a. Institution _____
 - b. Years in attendance _____
 - c. Degree received _____ Date _____
- 3. Master's degree credits earned at Texas Southern University
 - a. Number of semesters in attendance _____
 - b. Number of credit hours earned _____
 - c. Degree received _____ Date _____

Recommendation to Candidacy by Major Department _____ Date _____

Approved By:

Program Advisor (Signature)

Department Head (Signature)

Director Doctoral Center (Signature)

Dean, College/School

I certify that the above information is correct:

Assistant Dean of the Graduate

Date

SECTION IV: PRESENTATION TO THE GRADUATE DEAN

Action of Graduate Office:

_____ is recommended to the Graduate Council for Candidacy for the degree
(Name of Candidate)

Doctor of Education/Philosophy.

() Approved _____
Dean of the Graduate School

Date