

GRADUATE SCHOOL
1541 Brescia Ave.
Coral Gables, FL 33124-3220
Telephone: 305-284-4154
www.miami.edu/grad

**APPLICATION FOR ADMISSION TO CANDIDACY
FOR THE PH.D.
(2 originals are required)
University of Miami Graduate School**



The form is to be completed and returned
to the address above.

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

University of Miami C# _____
Address _____
City _____ State _____ Zip _____

THE CANDIDATE MUST FILL OUT THE FIELDS ABOVE

_____ has successfully passed
First Name _____ Last Name _____
the qualifying examination on _____, has fulfilled
Date (mm/dd/yy) _____
all program requirements and is now eligible for admission to candidacy for the Ph.D
in the field of _____

Dissertation Topic : _____

Dissertation Committee :

Please Print
or Type Names

| | | | |
|-------|--|-------|-----------|
| _____ | Mentor First Name | _____ | Last Name |
| _____ | Committee Member First Name | _____ | Last Name |
| _____ | Committee Member First Name | _____ | Last Name |
| _____ | Committee Member First Name | _____ | Last Name |
| _____ | *External Examiner First Name | _____ | Last Name |
| _____ | Chairperson/Moderator/Recorder First Name | _____ | Last Name |

* For external
examiner, please
supply address
(Documentation of
credentials
required for
persons outside of
the University of
Miami)

Approved by:

Signature: _____ Date : _____
Graduate Program Director or Department Chairperson

Print Name : _____ (Graduate Program Director or
First Name Last Name Department Chairperson)