Application for Admission to Degree Candidacy

To the Dean, College of Graduate Health Sciences:

I, xxx, hereby apply for admission to degree candidacy for the xxx degree in the xxx program. I present the attached transcript that indicates I have met the requirements for the degree candidacy.

Signature of applicant: _____ **Date:** _____

We certify that the candidate has completed **all of the required courses** for the xxx degree in the xxx program.

Application approved:

_____**Date:**
Program Director

_____
Dean

_____
Date admitted to Candidacy

Faculty Committee Signatures

_____**Date:**
(Advisor)

_____**Date:**

_____**Date:**

Email the completed form to your Program Coordinator.

CGHS address: *College of Graduate Health Sciences, The university of Tennessee Health Science Center, 920 Madison Ave, Suite 807, Memphis, TN 38163. Phone: 901-448-5538*