
UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Candidacy Examination Report

Candidacy Examination Report to be submitted by:* _____

Name _____ ID# _____

Date of Candidacy Examination: _____
(Please include both days of written examination.)

As a result of the examination, the Committee recommends:

The candidate be	_____	Approved
	_____	Not Approved
to continue the	_____	Specialist
	_____	Doctorate (Ed.D.)
	_____	Doctorate (Ph.D.)

with an emphasis in _____

Committee Chairperson

Date

Committee Member

Committee Member

Committee Member

Committee Member

***Send original to Dean of Graduate School, OZAR 119.
*Send copy to Department Graduate Coordinator.**