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**UNIVERSITY OF ARKANSAS**

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**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.**