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**UNIVERSITY OF ARKANSAS**

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**College of Education and Health Professions  
Application for Candidacy Examination  
(Return to Doctoral Committee Chair)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ ID# \_\_\_\_\_  
Work Phone Home Phone

Examination Date \_\_\_\_\_ Email Address \_\_\_\_\_

Computer  Yes  No

Degree Program Area \_\_\_\_\_ Outside Field \_\_\_\_\_

Number of semester hours enrolled in this semester \_\_\_\_\_

**Graduate Hours Completed Prior to this Semester:**

- A. University of Arkansas \_\_\_\_\_
- B. Other Accredited Institutions beyond Master's \_\_\_\_\_
- C. Total Graduate Hours Completed Including Master's Degree \_\_\_\_\_

**Residence:**

A. Number of previous semesters and summer terms at University of Arkansas \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_

Committee: \_\_\_\_\_  
\_\_\_\_\_

If deficiencies were assessed, state when and how they have been or are being removed:

\_\_\_\_\_  
\_\_\_\_\_

**Approved for Taking the Candidacy Examination  
(Signatures Needed)**

\_\_\_\_\_  
Committee Chairperson (Signature) Date

\_\_\_\_\_  
Department Head/Coordinator of Grad. Studies Date

