YALE UNIVERSITY

REGISTRAR

GRADUATE SCHOOL OF ARTS AND SCIENCES

Admission to Candidacy Certification (Combined Program)

Name: _____ _____ SID: _____
Last First

Department 1: _____ Year of Study (current): _____

Department 2: _____

Email: _____ Phone: ( ) _____ -- _____

To be completed by the Directors of Graduate Studies (please save before printing):

The student named above has satisfied all Graduate School and any additional departmental pre-dissertation requirements for the degree of Doctor of Philosophy as noted below:

Department 1		Department 2
□	Course Requirement	□
□	Honors Requirement	□
□	Language Requirement	□
□	Qualifying Examination	□
□	Dissertation Prospectus	□
□	All additional department requirements	□

Dissertation Adviser: _____

This individual will have responsibility for reviewing the student's annual Dissertation Progress Report. If there are multiple advisers, please name one adviser who will be responsible for this process.

In recognition of the completion of these requirements the faculty voted on

_____ to admit him/her to candidacy for the degree of Ph.D.

Date

_____ _____
Signature of Director of Graduate Studies (Department 1) Date

_____ _____
Signature of Director of Graduate Studies (Department 2) Date

After department approval, either (1) fax to 203-777-6101 or
(2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511