

Doctorate – Pre-Candidacy Progress (Form I)

Part I. To be completed by the student

Name _____ UH ID No. _____
LAST, FIRST, M.I.

Graduate Program _____ Degree Objective _____
INCLUDE SPECIALIZATION IF APPLICABLE.

Part II. To be completed by the graduate chair

Interim Academic Adviser _____ Preliminary Conference _____
MM/DD/YY

Does the student have any deficiencies? No Yes (If yes, provide details in the space below.)

Deficiency (Course or Skill)		Remedy for Deficiency		
Exam	Not Required	MM/DD/YY	Passed	Failed
General or Qualifying Exam				
General or Qualifying Exam (Repeat if failed the first time.)				
Language Requirement (Language: _____)				

Signature of Graduate Chair: _____

Date: _____

GRADUATE DIVISION ACTION

Approved Not Approved By _____ Date _____

Remarks _____

C: Graduate Program