

Andrews University

School of Graduate Studies

Advancement to Candidacy

First Name _____ Last Name _____ ID# _____
Email _____ Degree _____ Major/
Concentration _____
Bulletin Year _____ Advisor _____ Date _____

	Complete? Y/N	Date completed:
Coursework	_____	_____
Dissertation Proposal	_____	_____
Comprehensive Exams (PhD Leadership exempt)	_____	_____
Portfolio (School of Leadership)	_____	_____
Regular status?	_____	
GPA	_____	

Signatures:

Program Director/Advisor/Department Chair Date

College Dean Date

Please submit this form with a degree check sheet/course plan or the DegreeWorks audit