

FLORIDA ATLANTIC UNIVERSITY

ADMISSION TO CANDIDACY Doctoral Degree

College / Program _____

Name _____

Address _____
street

city state zip

Telephone _____ Social Security No. _____

Date _____ Semester _____

Major _____ Graduate G.P.A. _____

GMAT Score _____ GRE Score _____

Doctoral Qualifying Examination(s) Passed: (Oral and Written)

Dissertation Title _____

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Committee Chair

Print Committee Chair's Name and Title

Member

Print Committee Member's Name and Title

Member

Print Committee Member's Name and Title

College Dean

Member

Print Committee Member's Name and Title

Member

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