

THE UNIVERSITY OF CHICAGO

THE DIVISION OR SCHOOL OF _____

RECOMMENDATION TO CANDIDACY FOR THE DEGREE OF

MASTER OF SCIENCE

DOCTOR OF PHILOSOPHY

To be filled in by the candidate:

Department / Committee: _____

Candidate's name in full _____ Student ID _____
(Type or print)

Candidate's present address _____ P.O. Zone _____

Previous degree or degrees – with date of each and institution conferring _____

To be filled in by the Chairperson of the Department / Committee:

I. The Departmental Certificate

Thesis subject _____
(Type or print)

The subject is hereby approved, the departmental requirements for admission have been satisfied, and the student is recommended to candidacy in the School or Division.

Date _____ 20 _____ Signed _____
Chairperson

To be filled in by the Dean or the University Registrar:

II. The Certificate of Residence and Language Examinations

1. Graduate Residence: Scholastic: _____ Quarters Advanced: _____ Quarters
Research: _____ Quarters Extended: _____ Quarters
Other: _____ Quarters

2. Languages examinations / Alternative Requirements: _____

Dated _____ 20 _____ Signed _____
Dean or University Registrar

III. The Dean's Certificate

The applicant has been admitted to candidacy for the degree.

Dated _____ 20 _____ Signed _____
Dean or University Registrar

To the Dean: Please return to the Office of the University Registrar.

University Registrar's Entries: Candidate notified _____ Recorded _____