



University of Mississippi Medical Center
John D. Bower School of Population Health
Admission to Doctoral Candidacy

Candidate's Full Name: _____

Program: _____ Advisor: _____

Hrs earned: _____

Courses to be completed:

_____	_____
_____	_____
_____	_____

Qualifying examination passed (date): _____

I hereby request that I be admitted to candidacy for the degree of Doctor of Philosophy.

Date of request

Candidate

It is hereby recommended that the above named student be admitted to candidacy for the Degree of Doctor of Philosophy.

Date of request

Advisor

It is hereby recommended that the above named student be admitted to candidacy for the Degree of Doctor of Philosophy.

Date of recommendation

Program Director

The above named student is hereby admitted to candidacy for the degree of Doctor of Philosophy.

Date of admission

Dean, John D. Bower School of Population Health

RETURN TO:

John D. Bower School of Population Health, Dean's Office
Attach copies of Unofficial Transcript(s).