

DOCTORAL ADMISSION TO CANDIDACY
Marshall University
College of Education & Professional Development

Date: _____

_____ Student ID Number _____
Doctoral Student's Name

Email Address _____

Mailing Address: Street _____

City _____ State _____ Zip _____

The above named student, who is a matriculant for the Ed.D. degree with a major in the area of _____ and an area of emphasis of _____, has satisfactorily completed the admission to candidacy qualifying assessment.

The Committee recommends that the matriculant be admitted to formal candidacy.

Committee Chairperson

Member

Member

Member

Member

Doctoral Student

Date

Program Director

Date

Doctoral Program Coordinator

Date

Dean - COEPD

Date