

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

Date: _____

_____ Student ID Number _____
Doctoral Student's Name

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

The above named student, who is a matriculate 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 |

Doctoral Student

Program Director

Doctoral Program Coordinator