DEPARTMENT OF COMMUNICATION
PhD Candidacy Eligibility Requirements Checklist

Candidates must apply for admission to candidacy by the end of the first week of their sixth quarter.

Name_______________________________________ SU ID__________________________

To apply for candidacy, a student must meet the following requirements:

a. Take the Qualifying Examination (results pending) ____________

b. Make significant progress on either the Major or Minor Project:

Project Advisor Name_________________________ Project Advisor Signature_________________________

To apply for candidacy, a student must meet the following requirements:

c. Satisfactorily pass the following courses (list a W if waived):

<table>
<thead>
<tr>
<th>COURSE (min grade)</th>
<th>QUARTER</th>
<th>GRADE</th>
<th>COURSE (min grade)</th>
<th>QUARTER</th>
<th>GRADE</th>
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</thead>
<tbody>
<tr>
<td>Statistics 160 (B)</td>
<td></td>
<td></td>
<td>COMM 311 (B+)</td>
<td></td>
<td></td>
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<tr>
<td>Adv Methods (B-)</td>
<td></td>
<td></td>
<td>COMM 314 (B+)</td>
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<td>COMM 301 (S)</td>
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<td>COMM 317 (B+)</td>
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<td>COMM 206 (B+)</td>
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<td>COMM 318 (B+)</td>
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<td>COMM 208 (B+)</td>
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</table>

d. Satisfactorily pass two sequences comprised of two 200-level COMM courses (B minimum) and two associated 300-level seminars (B+ minimum). Please list course (e.g., COMM 220), quarter taken and grade.

200 level___________________________________300 level___________________________________

200 level___________________________________300 level___________________________________

e. Have a Communication Department faculty member agree to serve as your advisor:

(Name) ________________________(Signature)________________________(Date)____________

f. Have two faculty members in the Communication Department, in addition to the advisor, agree to serve on the student’s dissertation reading committee:

(Printed Name) ________________________ (Signature)______________________(Date)____________

(Printed Name) ________________________ (Signature)______________________(Date)____________

Final approval of Student Services Administrator and Director, Ph.D. Program:

(Printed Name) ________________________ (Signature)______________________(Date)____________

(Printed Name) ________________________ (Signature)______________________(Date)____________