

### Candidacy for the Degree of Doctor of Plan C

The **\$90 Candidacy Fee** must be paid online at the [GS Forms Store](#) or at the Cashier's Office before this form is submitted to Graduate Studies. *Fee subject to change.*

Candidacy fees support professional development programming available to graduate students through the [GradPathways Institute for Professional Development](#).

Last Name	First Name	Middle Name(s)	Student ID Number	
Student Email	Graduate Program	QE Date (Pass)	Deg. Seq. # (Coordinator)	Program Code (Coordinator)

**Expected term for completion of all requirements, including dissertation** (fill in year):

Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_ Fall 20\_\_\_\_\_ Winter 20\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Recommended Dissertation and Final Exam Committee:

Once approved by the Dean of Graduate Studies, all committee members listed must read and sign the dissertation. A [Reconstitution of Committee Request](#) must be submitted to change the committee membership after approval.

Full Name <small>If including Co-Chairs, please note that next to their names.</small>	Title (Prof, Assoc, etc)	Home Department	Email Address
Chair			
Optional 4 <sup>th</sup> member (must read and sign dissertation)			
Optional 5 <sup>th</sup> member (must read and sign dissertation)			

#### Optional External Member & Remote Participation

Is a member of the committee listed above an external member (individual with employment outside the UC system)? ☐ Yes ☐ No

- If yes, an [External Committee Membership Application](#) and the external member's CV must be submitted with the Candidacy.

Name of External Member: \_\_\_\_\_

# UC DAVIS

## GRADUATE STUDIES

### Graduate Program Section

**Graduate Advisor & Coordinator, please confirm you have done the following to ensure the student is eligible for candidacy:**

- ☐ Checked the student's transcript to verify any final required coursework or incomplete grades have been completed, and that the foreign language requirement has been fulfilled (if applicable).
- ☐ Viewed the QE Pass Report
- ☐ Reviewed the dissertation committee for eligibility, in accordance with [Graduate Council policy](#) & your [program](#) degree requirements

**Graduate Program Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Advisor with signing authority)

Print Graduate Program Advisor Name: \_\_\_\_\_

**Dissertation Committee Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Dissertation Committee Chair Name: \_\_\_\_\_

**Graduate Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Graduate Program Coordinator Name: \_\_\_\_\_

### Designated Emphasis (DE) Section – for students admitted to a DE only

**Designated Emphasis in:** \_\_\_\_\_

Committee Member who will read the dissertation for the Designated Emphasis:

\_\_\_\_\_  
Director of Designated Emphasis Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Director of Designated Emphasis Name: \_\_\_\_\_

**Second (if applicable) Designated Emphasis in:** \_\_\_\_\_

Committee Member who will read the dissertation for the Designated Emphasis:

\_\_\_\_\_  
Director of Designated Emphasis Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Director of Designated Emphasis Name: \_\_\_\_\_

### Graduate Studies Section

Matriculation: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Dissertation Filed: \_\_\_\_\_

Full Time: \_\_\_\_\_ Qtrs/Res: \_\_\_\_\_ Final Exam Date: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Registered/Filing Fee: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_  
(at time of Filing)

Deficiencies: \_\_\_\_\_

ETD Number: \_\_\_\_\_ Embargo: \_\_\_\_\_ Copyright: ☐ Yes ☐ No

Dean of Graduate Studies Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_