Application for Candidacy Step-by-Step



Navigate to https://powerforms.docusign.net/ca5a67aa-ba91-4b9f-8c29-c762a5
a481cb?env=na3&acct=8aeefa9c-3db6-4b89-8514-9d1c1d018f4d&accountId=8a
eefa9c-3db6-4b89-8514-9d1c1d018f4d

listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Student

Your Name: *

Full Name

Your Email: *

Email Address

Please provide information for any other signers needed for this document.

Program Administrator (required)

REQUIRED: Fill in information for Program Administrator and Program Director

Your Email: *

Email Address

Please provide information for any other signers needed for this document.

Program Administrator (required)

Name:

Full Name

Email:

Email Address

Advisor (if applicable)

Name:

Full Name

Email:

Email Address

Program Director (required)

Name:

Full Name

Email:

Email Address

Graduate School Admin

Name:
Full Name

Email:
Email Address

Advisor (if applicable)

Name:
Full Name

Co-Advisor (if applicable)



Double check spelling of names and email addresses!

Email:
Email Address

Graduate School Admin
Name:
Maddie Parker

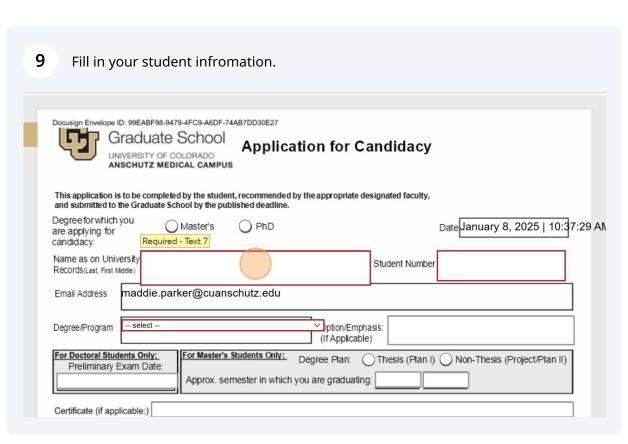
Email:
maddie.parker@cuanschutz.edu

Graduate School

Name:
Graduate School

7 Click "Begin Signi	ng"
	Maddie Parker
	Email: maddie.parker@cuanschutz.edu
	Graduate School
	Name:
	Graduate School
	Email:
	grad.forms@cuanschutz.edu
	Begin Signing

8 Select your	degree type
	@ Q <u>*</u> • • • •
START	Docusign Envelope ID: 99EABF98-9479-4FC9-A6DF-74AB7DD30E27 Graduate School UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS Application for Candidacy This application is to be completed by the student, recommended by the appropriate designated faculty,
	and submitted to the Graduate School by the published deadline. Degree for which you are applying for candidacy: Date January 8,
	Records(Last, First Middle) Email Address maddie.parker@cuanschutz.edu
	Degree/Program select ption/Emphasis: (If Applicable)
	For Doctoral Students Only: Preliminary Exam Date: Preliminary Exam Date: Approx. semester in which you are graduating: Thesis (Plan I) Non-Thesis (Plan II) Non-

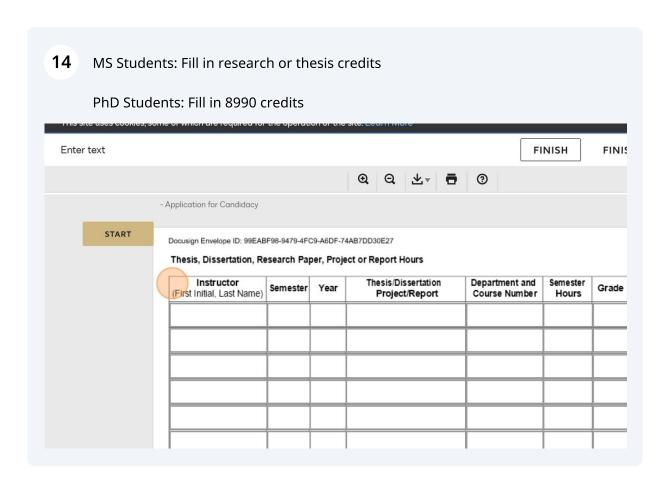


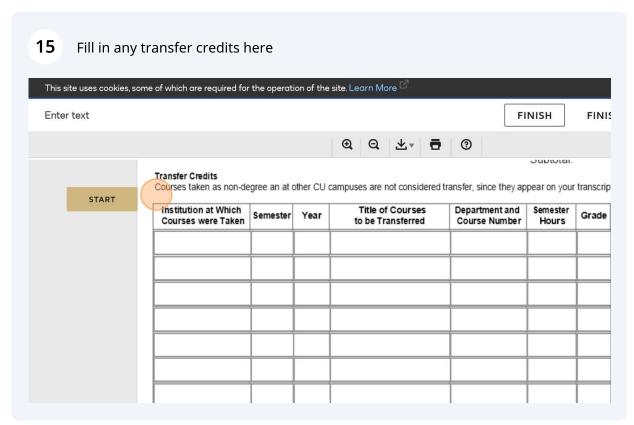
10	Select you	r Degree and Program — ANSCHUTZ MEDICAL CAMPUS	
		This application is to be completed by the student, recommended by the appropriate designed submitted to the Graduate School by the published deadline.	gnated faculty,
		Degree for which you are applying for candidacy: Master's PhD PhD	Date January 8,
		Name as on University Parker, Madison Records(Last, First Middle)	student Number 111111111
		Email Address maddie.parker@cuanschutz.edu	
		Degree/Program Required - Degree, Program Plant	s.
		For Doctoral Students Only: Preliminary Exam Date: Approx. semester in which you are graduating:	Thesis (Plan I) Non-Thesis (P
		Certificate (if applicable:)	
		Examination Committee (Master's - List your final examination committee) (Doct	oral - List your comprehensive ex
Powe	ered by Pdocus	sian	Change Language - Eng

11 Master's	Students: Fill in Degree Plan and Graduation Semester
PhD Stud	ents: Fill in Preliminary Exam Date
START	This application is to be completed by the student, recommended by the appropriate designated faculty, and submitted to the Graduate School by the published deadline.
	Degree for which you are applying for Candidacy: Date January 8,
	Name as on University Parker, Madison Records(Last, First Middle) Student Number
	Email Address maddie.parker@cuanschutz.edu
	Degree/Program select > option/Emphasis: (If Applicable)
	For Doctoral Students Only: Preliminary Exam Date: Approx. semester in which you are graduating: Preliminary Exam Date: Preliminary Exam Date: Approx. semester in which you are graduating:
	Certificate (if applicable:)
	Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive ex
	Chair. Member.
	Member: Member
	Memher Memher

12 Fill in com	nmittee member names
START	Degree/Program select ption/Emphasis: (If Applicable)
	For Doctoral Students Only: Preliminary Exam Date: Approx. semester in which you are graduating: Thesis (Plan I) Non-Thesis (Plan I)
	Certificate (if applicable:)
	Examination committee) (Doctoral - List your comprehensive examination committee) (Doctoral - List your comprehensive examination committee)
	MemberMember.
	MemberMember
	To be Completed by the Student's Graduate Program: The admission of to candidacy for the degree is recommended by the Name program upon completion of the minimum requirements of Do Not Include

13		rse information e ved a grade belov		as liste	d on tra	nscript. D	o not include	e course	es
	MS stude	nts: Do not includ	le any r	eseard	h or the	esis credits	in this sect	ion.	
	PhD stude	ents: Do not inclu	de any	8990	redits ii	n this secti	ion (i.e. CAN	B 8990)	•
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	START	Docusign Envelope ID: 99EAB List courses below the ending with the mos your transcript. YOU I project/ report hours s	at will appl it current) MAY NOT	y toward . Course SIMPLY	your degree numbers/na ATTACH A	mes, credit ho TRANSCRIPT	urs, and grades n . Transfer course	nust match	those re
		Instructor (First Initial, Last Name)	Semester	Year		ourses Taken ity of Colorado	Department and Course Number	Semester Hours	Grade





	Approx. semester in which you are graduating:
START	Certificate (if applicable:)
	Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive exam
	Chair. Member.
	Member. Member.
	Member. Required - Sign Here Member.
	Student Signature:
	To be Completed by the Student's Graduate Program: The admission of to candidacy for the degree is recommended by the
	Name program upon completion of the minimum requirements of Do Not Include
	listed on the following pages have been approved for use toward the degree.
	Advisor Name Advisor Signature
	Co-Advisor Name Co-Advisor Signature