

1 Navigate to <https://powerforms.docusign.net/ca5a67aa-ba91-4b9f-8c29-c762a5a481cb?env=na3&acct=8aeefa9c-3db6-4b89-8514-9d1c1d018f4d&accountId=8aeefa9c-3db6-4b89-8514-9d1c1d018f4d>

2 Fill in your information as the Student

Application for students applying for degree candidacy. To be completed by student, administrator, and/or program.

Fill in the name and email for each signing role 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: *

Your Email: *

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

Advisor (if applicable)

Name:

3 Include Advisors and Co-Advisors as necessary

Your Email: *

maddie.parker@cuanschultz.edu

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

Advisor (if applicable)

Name:

Kristin Goosen

Email:

kristin.goosen@cuanschultz.edu

Co-Advisor (if applicable)

Name:

Justin Brown

4 REQUIRED: Include Program Administrator and Program Director

Name:

Full Name

Email:

Email Address

Program Admin

Name:

Kristin Goosen

Email:

kristin.goosen@cuanschultz.edu

Program Director

Name:

Justin Brown



Double check name spelling and email addresses before moving forward!

5

Keep Graduate School Information. Click "BEGIN SIGNING"

Email:

justin.3.brown@cuanschutz.edu

Graduate School: Maddie Parker

Name:

Madison Parker

Email:

maddie.parker@cuanschutz.edu

BEGIN SIGNING

6 Select the degree type

DocuSign Envelope ID: 6DB22A87-D9A9-4960-B948-C79EBBE9D243

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: Master's PhD Date: June 25, 2024

Name as on University Records (Last, First Middle): [Redacted] Student Number: [Redacted]

Email Address: maddie.parker@cuanschutz.edu

Degree/Program: -- select -- Dption/Emphasis: (If Applicable)

For Doctoral Students Only: Preliminary Exam Date: [Redacted]

For Master's Students Only: Degree Plan: Thesis (Plan I) Non-Thesis (Project) Approx. semester in which you are graduating: [Redacted]

7 Fill in your student information. Then select your degree and program.

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

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: Master's PhD Date: June 25, 2024

Name as on University Records (Last, First Middle): Parker, Madison J Student Number: 111111154

Email Address: maddie.parker@cuanschutz.edu

Degree/Program: Required - Degree, Program -- select -- Dption/Emphasis: (If Applicable)

For Doctoral Students Only: Preliminary Exam Date: [Redacted]

For Master's Students Only: Degree Plan: Thesis (Plan I) Non-Thesis (Project) Approx. semester in which you are graduating: [Redacted]

Certificate (if applicable): [Redacted]

Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive examination committee)

Chair: [Redacted] Member: [Redacted]

Member: [Redacted] Member: [Redacted]

8

Master's Students: Fill in Degree Plan and Graduation Semester

PhD Students: Fill in Preliminary Exam Date

Application is to be completed by the student, recommended by the appropriate designated faculty, submitted to the Graduate School by the published deadline.

Degree for which you are applying for candidacy: Master's PhD Date: June 25, 2024 | 2:00:35 PM MDT

Name as on University ID(S)(Last, First Middle): Parker, Madison J Student Number: 1111111154

Email Address: maddie.parker@cuanschutz.edu

Degree/Program: MS, Biomedical Sciences & Biotechnology Option/Emphasis: (If Applicable) Optional - DegreePlan - NonThesis

Doctoral Students Only: Preliminary Exam Date: _____

For Master's Students Only: Degree Plan: Thesis (Plan I) Non-Thesis (Project/Plan II) Approx. semester in which you are graduating: [] []

Certificate (if applicable:): _____

Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive exam committee)

Chair: Kristine Sikora Member: Erin Golden

Member: Hannah Hathaway Member: _____

Member: _____ Member: _____

Student Signature: [Sign] _____

To be Completed by the Student's Graduate Program:
The admission of _____ Name _____ to candidacy for the _____ degree is recommended by the _____ program upon completion of the minimum requirements of _____ semester hours. The c _____ Do Not Include

9

Fill in committee members.

Degree/Program: MS, Biomedical Sciences & Biotechnology Option/Emphasis: (If Applicable) _____

For Doctoral Students Only: Preliminary Exam Date: _____

For Master's Students Only: Degree Plan: Thesis (Plan I) Non-Thesis (Project/Plan II) Approx. semester in which you are graduating: [] []

Certificate (if applicable:): _____

Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive exam committee)

Chair: _____ Member: _____

Member: _____ Member: _____

Member: _____ Member: _____

Student Signature: [Sign] _____

To be Completed by the Student's Graduate Program:
The admission of _____ Name _____ to candidacy for the _____ degree is recommended by the _____ program upon completion of the minimum requirements of _____ semester hours. The c _____ Do Not Include

10 Fill in course information exactly as listed on transcript.

application-for-candidacy.pdf

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List courses below that will apply toward your degree in chronological order (**beginning with the oldest and ending with the most current**). Course numbers/names, credit hours, and grades must match those record your transcript. **YOU MAY NOT SIMPLY ATTACH A TRANSCRIPT.** Transfer courses and thesis/dissertation project/ report hours should be listed in the appropriate sections of this form.

Required - Instructor (First Initial, Last Name)_Row_1	Title of Courses Taken at University of Colorado	Department and Course Number	Semester Hours	Grade

11 Sign the form to send to the next person

START

Approx. semester in which you are graduating: Fall


Certificate (if applicable): _____

Examination Committee (Master's - List your final examination committee) (Doctoral - List your comprehensive exam c

Chair: Member:

Member: Member: _____

Member: **Required - Sign Here** Member: _____

Student Signature: 

To be Completed by the Student's Graduate Program:

The admission of Name _____ to candidacy for the degree is recommended by the program upon completion of the minimum requirements of semester hours. The co-
Do Not Include Dissertation Hours

listed on the following pages have been approved for use toward the degree.

Advisor Name: Advisor Signature:

Co-Advisor Name: Co-Advisor Signature: