**PhD Advancement to Candidacy Form**

Completed form is to be submitted to the Oral Biology Graduate Studies Committee and the Senior Associate Dean at the UPSDM

Candidate’s Name: Candidate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Replace with Text]

Candidate’s Area of Concentration: ❒ Craniofacial Regeneration ❒ Craniofacial Genetics

Anticipated Graduation Date:

[Replace with Text]

Checklist: ❒ Completed Preliminary Examination

❒ Completed Written and Oral Comprehensive Examination

❒ Completed Dissertation Proposal Defense

[Replace with Text]

Proposed Thesis Title:

Dissertation Committee:

Major Thesis Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) Name (Sign) Date

Oral Biology Faculty Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Biology Faculty Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Biology **or** Outside Faculty Committee Member\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*if the outside committee member has a primary appointment from another university, pre-approval must be sought from the UPSDM Senior Associate Dean. Please attach evidence of this approval to this form.

**PhD Advancement to Candidacy Form**

Chair, Graduate Studies Committee

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Name (print) Name (Sign) Date

Senior Associate Dean, School of Dental Medicine

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Name (print) Name (Sign) Date

**By signing, the above parties certify that the above-named student has successfully fulfilled all of the necessary requirements to advance to candidacy as laid out in the Oral Biology Graduate Program Handbook.**