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APPROVAL OF CANDIDACY STATUS

Student's Name	Address
Student's Social Science	City State Zip
Student ID	Phone Email Address

DEPARTMENTAL REQUIREMENTS

SOCIAL SCIENCE COURSES COMPLETION DATE : _____

SOCIAL WORK DOCTORAL COURSES COMPLETION DATE: _____

RESEARCH INTERNSHIP COMPLETION DATE: _____

1st READER PRINT NAME Approved _____
2nd READER PRINT NAME Approved

SOCIAL SCIENCE PRELIM PASS DATE; _____

SOCIAL WORK PRELIM PROPOSAL APPROVED DATE: _____

RACKHAM ADVANCE TO CANDIDACY FORM: _____