

PETITION FOR CANDIDACY
FOR MASTER'S AND SPECIALIST'S DEGREES
DOCTOR OF PHYSICAL THERAPY AND DOCTOR OF PHILOSOPHY

University of Central Arkansas
201 Donaghey Avenue
Conway, Arkansas 72035-0001

Complete and sign this application, secure the signature of advisor and departmental chair, and present it to the Graduate School. This form is to be filed prior to, or during the semester of, completing one-half of your required coursework. **This form must be typed.**

Name _____ UCA I.D. _____

Permanent Address _____ Telephone _____
(Street, Route, Apt. No.)

(City) (State) (Zip Code) Other Telephone _____

E-mail Address _____

Degree desired (check one): ___MA ___MS ___MSE ___MM ___MAcc ___MAT ___MBA ___MSN ___MGIS ___EDS ___DPT ___Ph.D.

Program(Major): _____

GRE Scores: Verbal _____ Quantitative _____ Analytical Writing _____ GMAT Total Score: _____(MBA, MAcc)

Thesis/Dissertation Title: _____

Chair of Thesis/Dissertation Committee: _____

Prospectus/Research Plan Approved: ___Yes ___No

**APPROVAL SIGNATURES FOR CANDIDACY AND
COURSE OF STUDY**

Student's Signature Date

Advisor's Signature Date

Chair's Signature Date

Comments:

OFFICE USE ONLY

(Yes/No) Undergraduate Deficiencies Removed

(Yes/No) Admitted to Candidacy for
Degree _____ Date _____

(Pass/Fail) Comprehensive Examination
Date: _____

(Yes/No) Thesis/Dissertation Approved
Date: _____

Graduate Dean's Signature Date

