

**FORM A**

**THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
NOTIFICATION OF COMPLETION OF THE QUALIFYING ASSESSMENT  
AND  
NOTIFICATION OF ADMISSION TO DOCTORAL CANDIDACY**

Return the completed form, with all signatures, to: [docstudy@montclair.edu](mailto:docstudy@montclair.edu)

Student Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

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**I. COMPLETION OF QUALIFYING ASSESSMENT**

Attempt Number 1       Attempt Number 2

**(Please attach a copy of the qualifying assessment or a detailed summary of the assessment to this form.)**

**II. ADMISSION TO DOCTORAL CANDIDACY**

**Doctoral Program Director:** Please review the eligibility requirements for advancement to doctoral candidacy, make one of the following determinations.

To be eligible for admission to candidacy for a doctoral degree, student must have:

1. A cumulative grade point average equal to or greater than 3.0 in the doctoral program courses;
2. No more than six (6) semester hours of coursework graded at the C-level and no failing grades; and
3. Successful performance on the qualifying assessment.

I certify that this doctoral student has satisfied all the requirements for **admission to doctoral candidacy**.

Qualifying Exam Completed: \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Doctoral Program Director Signature Date

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***The Graduate School's Use Only***

Approved Denied (Comments: \_\_\_\_\_)

Qualifying Examination Passed: \_\_\_\_\_  
Month Year

Admitted to Doctoral Candidacy: \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature, Dean of The Graduate School or Designee Date

Distribution: The Graduate School, Doctoral Program Director, Registrar's Office, Student