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

Student Name: ___________________________ CWID #: ___________________________
Address: ___________________________ Date: ___________________________

Program: ___________________________

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

☐ 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 ___________________________

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