

PETITION FOR CANDIDACY
For Master's, Specialist's, DPT and PhD degrees

University of Central Arkansas, 201 Donaghey Ave, TORW 328, Conway AR 72035

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

Name _____ UCA ID # _____

Current Street Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Program _____

Emphasis _____

Thesis/Dissertation Title _____

Chair of Thesis/Dissertation Committee Prospectus/Research Plan Approved: Yes No

Approval Signatures for Candidacy and Program of Study	
_____	_____
Student's Signature	Date
_____	_____
Advisor's Signature	Date
_____	_____
Chair's Signature	Date
Comments _____	

Office Use Only	
Admitted to Candidacy	Yes <input type="radio"/> No <input type="radio"/>
For _____ Degree	Date ____/____/____
Comprehensive Exam	Pass <input type="radio"/> Fail <input type="radio"/>
	Date ____/____/____
Thesis/Dissertation	Yes <input type="radio"/> No <input type="radio"/>
	Date ____/____/____

Graduate Dean's Signature	

When completing your program of study, please **note the following important items:**

- Do NOT list any undergraduate hours, even if you are taking them
- Include ONLY the course work required for completion of your degree, no "extra classes" should be listed
- If any substitutions are made for required courses (**as published in the Graduate Bulletin**), you must indicate which class the substitution is being made for in the SUBSTITUTE column.

PROGRAM OF STUDY

Name _____

UCA ID # _____

Type a complete list of courses, credit hours and special conditions offered in candidacy for the Master's, Specialist's, Doctor of Philosophy, and Doctor of Physical Therapy degree. Degree requirements vary in each program; consult with your advisor. Approved transfer courses and dates taken must be listed. **Changes in this program of study must have prior approval** from your advisor, department chairperson, **and graduate dean** before enrolling in the course. This prior approval includes transfer courses which must NOT be taken as workshops, correspondence or extension. The **Change of Petition** form is available on the Graduate School website. The total program for a degree must be completed within a period of six years, with the exception of PhD's which are permitted ten years. Approximate dates to apply for graduation are September 15th for December, February 3rd for May, and June 10th for August.

Minimum required hours to complete degree _____

Does this program meet the residency requirement: Yes No

Office Only	Substitute for (if applicable)	Course Prefix	Course No	Course Title	Hrs	Term
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TRANSFER COURSES: Grade must be an "A" or "B". Coursework cannot be workshops, correspondence or extension.

Equiv. UCA Dept	Equiv. UCA Crse#	Transfer Dept prefix	Transfer Course No.	Transfer Institution's Course Title	Transfer Institution Name	Hrs	Term

CONTINUED (PROGRAM OF STUDY, PAGE 2)

Name

UCA ID #

Office Only	Substitute for (if applicable)	Course Prefix	Course No	Course Title	Hrs	Term
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