



UNIVERSITY OF
ARKANSAS

Graduate School & International Education

Candidacy Exam Notification

Student Name

Student ID Number

Degree (Ph.D., Ed.D., or DNP)

Degree Program (four-letter abbreviation)

Date Passed

Printed Name of Committee Chair

Signature of Committee Chair

Signature of Department/Program Head/Chair/Director or Graduate Coordinator

Please return this completed form to the Graduate School at GEAR213 or email to cfrankli@uark.edu.