

BRYN MAWR COLLEGE

GRADUATE SCHOOL OF ARTS AND SCIENCES

APPLICATION FOR CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

1. Full name _____

2. Present Address _____

_____ Zip _____

3. Department(s) of Ph.D. degree _____

4. Fields to be offered for Ph.D. Preliminary Examinations

1. _____

2. _____

3. _____

4. _____

5. Faculty members setting Ph.D. Examinations (*de facto* members of Ph.D. Supervising Committee)

1. _____

2. _____

3. _____

4. _____

6. Other members of the Ph.D. Supervising Committee

1. _____

2. _____

7. **Subject or title of proposed dissertation** _____

8. **Faculty member directing dissertation** _____

9. **Suggestions for chair of Ph.D. Supervising Committee; list up to 3 names (optional)**

10. **Anticipated date of Preliminary Examinations** (month and
year) _____

I recommend to the Graduate Council that _____
be accepted as a candidate for the degree of Doctor of Philosophy.

Signature of Dissertation Director of Student's Work _____

Signature of Chairman of Department _____

Date _____