

ADMISSION TO CANDIDACY

(See Article 9.8, Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the MD/PhD Program? p Yes p No)

CERTIFICATION OF ELIGIBILITY (to be completed PRIOR TO admission to candidacy)

Graduate Program Certification:

This student has completed our program's required curriculum.

Graduate Program Authorized Signature: _____ Date: _____

Graduate School Certification (to be completed by graduate school):

- The Advisory Committee was appointed on _____.
- The Qualifying Examination was passed on _____.
- This student has completed 60 term hours of which 30 are in courses using specific grading criteria.
 - Of the 30 term hours, none are from transfer credit.
 - Of the 30 hours, ____ are transfer credit (24 hrs max) and the student has been in residence at least 4 terms.
- This student has completed 2 years of the 4 year Ethics Training on _____.

Graduate School Authorized Signature: _____ Date: _____

**This student has completed all Program and Graduate School
Requirements and is Admitted as a CANDIDATE FOR THE PhD or MS DEGREE**

Required Approvals

| | | |
|-----------------------------|------------------|-------------|
| Major Advisor | _____ | _____ |
| | <i>Signature</i> | <i>Date</i> |
| Major Advisor | _____ | _____ |
| | <i>Signature</i> | <i>Date</i> |
| Graduate Program Director | _____ | _____ |
| | <i>Signature</i> | <i>Date</i> |
| Dean of the Graduate School | _____ | _____ |
| | <i>Signature</i> | <i>Date</i> |

FOR GRADUATE SCHOOL USE ONLY

Entered into CAMS: _____
Copies to: Registrar, Program, GSBS
File Revised: 7.10.18