lustar

**LAMAR UNIVERSITY**

A Member of the Texas State University System

**ADVANCEMENT TO CANDIDACY CERTIFICATE OF APPROVAL**

*Name:* Click here-type name (Last Name First) *Student ID:* Click here-type number

has met Doctoral Program Requirements necessary for Advancement to Candidacy by successfully completing the following:.

EDUD 6353  All Academic Requirements  Proposal Defense

*Required Signatures:*

Chair: click here-type name

Committee Member: click here-type name

Committee Member: click here-type name

Committee Member: click here-type name

Director, Doctoral Program Date:

Chair, Educational Leadership

Dean, College of Education

Dean, College of Graduate Studies: Date:

**D–4c**