

# SCHOOL OF PUBLIC HEALTH

## **Request for Advancement to Candidacy**

Submit request to <u>SPHregistration@ohsu.edu</u>.

Students in PhD Community Health and PhD Health Systems and Policy programs: attach IRB approval

### PART I: Request

By signing below, the above-named student formally requests advancement to candidacy for the degree of Doctor of Philosophy.

Student ID

Student Signature

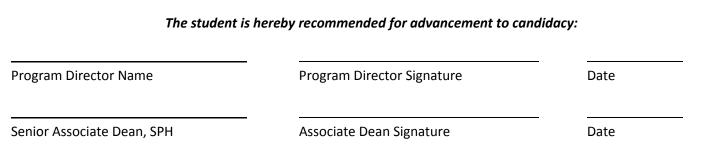
### **PART II: Confirmation of Eligibility**

I certify that the above-named student is in good academic standing, and has no outstanding "Incomplete" grades.

Graduate Student Services & Registration Specialist

Signature

#### **PART III: Approval**



Date

Date

\_\_\_\_\_

Program

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