

# ADMISSION TO CANDIDACY FORM

**Florida State University  
Office of Admissions and Records  
282 Champions Way A3900**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle  
Initial

\_\_\_\_\_  
FSUID

\_\_\_\_\_  
FSUSN

The above named student has completed the following requirements for admission to candidacy including:

1. Enrollment for the preliminary examination on:

\_\_\_\_\_  
Semester/Year

\_\_\_\_\_  
Course Prefix/Number

2. Passing the preliminary examination on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program/Department

\_\_\_\_\_  
Department Chairperson Signature

\_\_\_\_\_  
Registrar's Office Notes:

Registrar Action Student Data Posted:

\_\_\_\_\_  
Date/Initial