

**SCHOOL OF MARINE SCIENCE
APPLICATION FOR ADMISSION TO CANDIDACY**



STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	BANNER ID	DEGREE PROGRAM
DEPARTMENT		EMAIL ADDRESS		

Completed Coursework & Milestone Information

SMS CORE COURSES COMPLETION DATE	DEPT. COURSE COMPLETION DATE	OVERALL GPA	QUALIFYING EXAM & PROSPECTUS COMPLETION DATE	PH.D. COMPREHENSIVE EXAM COMPLETION DATE
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Please attach a copy of your SMS/W&M academic record and a current milestone report.

I certify that I have satisfactorily passed or been exempted from all required core courses in the School of Marine Science and that I have completed all other courses specifically required by my Advisory Committee.

Student Signature

Date

Department Recommendation: Yes No

The department certifies that the student has satisfied course requirements of the department either by successfully completing the course(s) or by exemption. *(Exemption from or substitution of courses required by the department will be approved by ASDC only if the majority of faculty in the department approve the request).*

Department Chairperson Signature

Date

Advisory Committee Recommendation: Yes No

MAJOR ADVISOR	DATE
CO-MAJOR ADVISOR	DATE
COMMITTEE MEMBER #1	DATE
COMMITTEE MEMBER #2	DATE
COMMITTEE MEMBER #3	DATE
COMMITTEE MEMBER #4	DATE
COMMITTEE MEMBER #5	DATE

**PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253
EXTERNAL COMMITTEE MEMBERS CAN SUBMIT FORM ELECTRONICALLY TO REGISTRAR@VIMS.EDU.**

ACADEMIC STATUS & DEGREES COMMITTEE RECOMMENDATION CHAIRPERSON, ASDC	DATE	RECOMMEND: <input type="checkbox"/> YES <input type="checkbox"/> NO
ACADEMIC COUNCIL ACTION SECRETARY, ACADEMIC COUNCIL	DATE	APPROVE: <input type="checkbox"/> YES <input type="checkbox"/> NO
ASSOCIATE DEAN OF ACADEMIC STUDIES ACTION ASSOCIATE DEAN OF ACADEMIC STUDIES	DATE	APPROVE: <input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY: DATE RECEIVED: _____ INITIALS: _____ MILESTONES BANNER NOTIFIED STUDENT