



McWilliams School of  
Biomedical Informatics

**Advance to Candidacy Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

\_\_\_ has successfully advanced to candidacy.

\_\_\_ has NOT successfully advanced to candidacy.

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Print Name	Signature	Date
<i>Chair Person</i>		

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Print Name	Signature	Date
<i>Associate Dean for Academic and Curricular Affairs</i>		