



UTHealth™

The University of Texas  
Health Science Center at Houston

School of Biomedical  
Informatics

**Advance to Candidacy Form  
Doctorate in Health Informatics (DHI)**

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 Affairs</i>		