



**CALIFORNIA STATE UNIVERSITY, STANISLAUS  
DOCTORAL PROGRAM IN EDUCATIONAL LEADERSHIP**

**ADVANCEMENT TO CANDIDACY REPORT**

To: Dean, College of Education  
California State University, Stanislaus

The Qualifying Examination Committee Members certify that the student named below has satisfied/ not satisfied (**circle one**) the Qualifying Examination, taken on \_\_\_\_\_. The Committee recommends/does not recommend (circle one) advancement to candidacy for the degree of Doctor of Education in Educational Leadership.

Student's Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_ **P-12** \_\_\_\_\_ **Community College**

Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Chair's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Advancement to Candidacy Approved:

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_