

Name: _____

Email: _____

Student ID #: _____

Program: _____

The undersigned faculty co-advisers confirm that the above named student:

1. Has revised their goal statement to outline their research problem/issue as needed.*
2. Has engaged in discussion with their adviser(s) about ways to further their career (possible conferences to attend, organizations to join, publications outlets, etc.).
3. Is encouraged to proceed with studies leading to a doctoral degree, including courses suggested by the adviser.
4. Will advance to prospective candidacy as of _____ (Quarter and Year).

Co-Adviser Name

Co-Adviser Signature

Date

Co-Adviser Name

Co-Adviser Signature

Date

To be completed by the Office of Student Services

Comment:

OSS Staff Signature

Date

*It is **not** required to submit an updated copy of the goal statement to the Office of Student Services.