University of California, Berkeley • Graduate Division

Plan B — Application for Candidacy for the Doctoral Degree

Specify degree: Doctor of Philosophy D	octor of Education Doctor of Engineering	Doctor of Public Health	
See Guide to Graduate Policy F2.8 for candidacy eligibil to Graduate Services Degrees, 318 Sproul Hall, Universi Direct questions to your program's Degrees Office advis Include a check in the amount of \$90* payable to the fees are used to support graduate student professional develo	ty of California, Berkeley, Berkeley, CA 94720-5900. sor: grad.berkeley.edu/academic-progress/advising. Regents of the University of California. * Candidacy		
S.I.D. # Degree Granti	ng Program:		
Name: AS IT APPEARS ON STUDENT RECORDS. LAST, F	Email address:		
Qualifying examination committee:			
COMMITTEE CHAIR, DEPARTMENT	DATE EXAMINATION PA	DATE EXAMINATION PASSED	
Members of the dissertation committee:			
DISSERTATION CHAIR, DEPARTMENT	EMAIL ADDI	EMAIL ADDRESS	
ADDITIONAL MEMBER, DEPARTMENT	EMAIL ADDI	EMAIL ADDRESS	
ADDITIONAL MEMBER, DEPARTMENT	EMAIL ADDI	EMAIL ADDRESS	
ACADEMIC SENATE REPRESENTATIVE, DEPARTMENT EMAIL ADDRESS			
Designated Emphasis: Note: If you have been admitted to an approved Designated Adviser. Designated Emphases not listed here will not approved Designated Emphases not listed here will not approved Designated Emphasis			
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Please check the appropriate box (must be completed	by the student):		
from the Committee for Protection of Human Division of the protocol number within six mode 2a. I have completed and passed all of research as offered by the CITI prog 3. My research project involves live vertebrate a Use Committee (ACUC) <i>prior</i> to the initiation months of the advancement to candidacy data	you must take the appropriate online Collaborative Institution lication for candidacy. Your application will not be accepted v. I understand that I must (a) obtain protocol approval a Subjects (CPHS) prior to the initation of the research, onths of the advancement to candidacy date. The modules for the Biomedical or Social-Behavioral contains and a copy of my certificate of completion of the animals. I understand that I must (a) obtain protocol appoint the research, and (b) inform the Graduate Division of the significant of the Biomedical or Social-Behavioral Collaborative IRB of the Biomedical or Social-Behavioral Collaborative IRB	or a determination of exemption and (b) inform the Graduate ourse pertaining to human subjects course is attached. Opproval from the Animal Care and of the protocol number within six	
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SIGNATURE OF STUDENT DATE			
SIGNATURE OF DISSERTATION CHAIR DATE	SIGNATURE OF HEAD GRADUATE ADVISOR	DATE	