

Petition for PhD Candidacy

Name _____ Date _____

Please list below all of the instructors who have supervised your graduate course work during your first year at the University of Iowa. After you have completed this form and submitted it to the Department Secretary, you will be given evaluation forms to email to those instructors. The instructors' names will be checked off as they complete and return evaluation forms.

Instructor Name	Department
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For office use only:

PhD Plan of Study Meeting Date _____ Time _____