Application for Admission to Doctoral Candidacy Examination (ACE)

At least TWO weeks prior to the date of the oral examination, please submit the following to the Graduate School (e-mail to Denise Jenkins at djenkins@med.cornell.edu) AND the student's Program coordinator:

- 1) This completed form, with Program Director or Chair signature (e-signed PDF, or PDF scan of handwritten copy)
- 2) PDF copy of the final approved written ACE Proposal

Name of Student:				
	Last	First	Middle	
Major Sponsor:			WCGS Program:	
XAMINING COMMITTEE				
ach of the four examiners MUST be a Poctoral Candidacy Examination (ACE		aculty, except in sp	ecific circumstances outlined in "Admission	
1. Examining Committee Chair:				
		Name	Program	
2. Examiner:				
		Name	Program	
3. Examiner:				
		Name	Program	
4. Examiner:				
		Name	Program	
ADDITIONAL MEMBERS (option 5.	onal, unless required by P	rogram of Study)	Program (if WCGS member) or Institution	
		Name	. rogram (ii rodd memser) er memanie	
6.		Name	Program (if WCGS member) or Institution	
Date of Written Examination (or A	CE Proposal final subn	nission):		
Date of Oral Examination:	Time:	Loca	Location/Room:	
Signature of Program Directo	_		Date:	
ignature acknowledges that the stude Admission to Doctoral Candidacy Exa	-		the Oral Examination as described in the	
Graduate School Approval:			Date:	