

Doctoral Requirements—Student File Audit Form

revised 9/15/06

Name _____	Cohort _____	Required documentation	
Advisor _____		Yes	No
BASIC APPLICATION MATERIAL	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
APPROVE DOC. PROGRAM PLAN	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
APPROVE MASTERS PROG. PLAN	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE EXAMS			
<input type="checkbox"/> Pass Oral Ethics Comps	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pass Written Comps	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pass Specialty Area Comps	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
COMPETENCIES			
<input type="checkbox"/> Teaching Competency	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
ADVANCE TO CANDIDACY			
<input type="checkbox"/> Advance to Candidacy	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
(Must apply two weeks after passing comps)			
PROPOSE DISSERTATION			
<input type="checkbox"/> Establish Dissertation Committee	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMITTEE MEMBERS</u>	**before doc. research begins:		
_____	Human Subjects (IRB Application)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Required GS Research Clearance form	<input type="checkbox"/>	<input type="checkbox"/>
_____	(OUTSIDE MEMBER)		
_____	(OTHER MEMBER)		
<input type="checkbox"/> Approved Dissertation Proposal	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
INTERNSHIP DOCUMENTS			
Site _____	_____		
<input type="checkbox"/> Contract		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaluations (mid-year & final)	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Completion Letter	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Summary Report of Internship		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaluation of Internship Training		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Incompletes removed from transcript upon completion of internship		<input type="checkbox"/>	<input type="checkbox"/>

by end of 1st yr.
only req'd if also
earning a M.S.

1st / 2nd yr.
no earlier than end of
3rd yr
complete prior
adv. cand. & diss.
proposal

complete before
leaving campus

must adv to cad.
one month prior to
defending
dissertation
proposal

one term prior to
defending
proposal

by Nov. 1st of year
applying for inter. /
before applying for
intern.

must be Doc Cand. &
have defended
proposal

ORAL DEFENSE OF DISSERTATION

Defense Date & Time _____ Place _____

Final Defense Committee Members

may defend 1 quarter
before leaving on intern.
or anytime during intern.
yr.

OUTSIDE MEMBER

OTHER MEMBER

Certificate of Completion

Date delivered to the GS _____

ANNUAL EVALUATIONS

Required documentation

1st Year--Mid Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
1st Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
2nd Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
3rd Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
4th Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
5th Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
6th Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>
7th Year	Term/Year _____	<input type="checkbox"/>	<input type="checkbox"/>

PRACTICUM LOGS (complete prior to applying for intern.)

Required documentation

Place	Date		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

req'd prac.: 2 3-term sequences of clinical training

MISC.

Background check	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>