## **Evaluation of Advanced Standing of a Doctoral Student**

INSTRUCTIONS TO CHAIRPERSON OR GRADUATE PROGRAM DIRECTOR: This two-page form has been designed with the objective of documenting completed, advanced coursework taken elsewhere that is applicable to the current doctoral program. Such work may be an integral part of a Master's degree earned at another university; therefore, the work would not be written in detail to the SLU permanent record as "transfer credit." In general, the coursework is recognized as partially fulfilling post baccalaureate requirements in anticipation of preliminary examinations for the doctorate. To be eligible for "advanced standing," the doctoral student named below already must have completed at least six (6) credit-hours of advanced (SLU) work in residence. Toward updating the student's record, you are to fill in the appropriate blanks below and check boxes as warranted. Space is provided on the reverse side of the form for the detailing of individual, advanced courses and other academic work taken elsewhere that you find acceptable toward fulfillment of doctoral-degree requirements. If an entire Master's degree program is acceptable, then so indicate below. The student may bring the form to you and request the evaluation; if deferment of the evaluation is desired, check the last box on this side of the form and indicate when you expect to be able to complete the evaluation. Date and sign the form in the spaces provided on the reverse side, and forward the form to the Dean/Director of your College/School/Center.

Please print:					
	(Last Name)	(First Name)	(Middle Initial)	(Bann	er ID)
Local Address:					
	(Street, Apt)		(City)	(State)	(Zip Code)
E-mail Address	:		Local Phone No		
Academic term	of student's admissi	on to Classified (degree-s	eeking) status: 20		
Student's time-	period-to-degree exp	pires on		, 20	
☐ Check	this box if the stude	nt's <u>entire</u> master's degree	e program from		
		ward partial fulfillment of			
		nced work previously com- ree requirements is listed			
☐ Check	this box if the advar	nced-standing evaluation i	s to be deferred until		·
				(Date)	

Evaluation of Advanced	Standing of a Doc	etoral Student, Page 2			
Student's Name		_			
			(Banner ID)		
academic work		ot complete a master's degree be the master's degree is acceptable nced work below.*			
Course Identifier	Semester Hours	University Where Taken	SLU Course Equivalent*		
*If any; indicate, in particular	ular, substitutions for	SLU Graduate Education core-cou	irses.		
Signed:	:				
Signed: Date:					
		Designee)			
Copies sent to Student	Chairperson/Director	- AVP Graduate Education on	(Date)		