



**Governors  
State  
University**

**Department of Communication Disorders**



University Park, IL 60484-0975

**NOTICE OF APPROVED CANDIDACY STATUS**

Student Name \_\_\_\_\_ GSU # \_\_\_\_\_

College Health and Human Services

Academic Major Communication Disorders

Academic Advisor \_\_\_\_\_

The above student

1. Has completed an approved graduate student study plan.
2. Is in academic good standing.
3. Has met all candidacy requirements for the major.
4. Has been granted “candidacy status.”

Approved by

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date

**PLEASE SUBMIT COMPLETED FORM TO OFFICE OF THE REGISTRAR.**