



UTHealth™

The University of Texas
Health Science Center at Houston

School of Biomedical
Informatics

**Advance to Candidacy Form
Doctorate in Health Informatics (DHI)**

Date: _____

Name: _____

Student ID Number: _____

___ has successfully advanced to candidacy.

___ has NOT successfully advanced to candidacy.

Print Name	Signature	Date
<i>Chair Person</i>		

Print Name	Signature	Date
<i>Associate Dean for Academic Affairs</i>		