SISU	SAN JOSÉ S UNIVERSIT			Petition for Advancement to Graduate Candidacy					
Student Infor								09.2	2010
Completed form should be	emailed to the appropriate	GAPE evaluator (see w	ww.sjsu.edu/gape/about_us/staff	), submitted to Windo	w G in the Student	Services Center, or sent the	nrough interoffice	e mail to extended a	zip 0017.
Last Name				First Name _					
Student ID		Previous Name (if any)							
Current Address		City State				Zip			
Daytime Phone				Email Address					<b>_</b> _
<b>Degree Inform</b>							A = the		
Degree Sought, e.g.	, MBA	Major		Concentration, if applicable				ject	_
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University where tal	ken			Semester/Year	GWAR Comp	leted	Α	В	С
<b>Proposed Gr</b>	aduate Degre	e Program							
	lude all SJSU cour	ses taken and tho	se that will be taken for	degree credit; le			rent and fut	ure classes.)	
Course Prefix/No.	T		Title		Semester	Units Grade	Semest	er/Year Comple	eted
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C. Transfer Cours	es								
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Required Sig						<u> </u>		must add ι	ap to c
Student						Date	Fo	or Official Use	Only
Signature (ce	ertifies accuracy of the info	rmation provided)	natures below indicate approval.						
Project or Thesis Ac	lvisor (if required b	y your department			NIG-	11.			
Name			Your research a	advisor doe	s NOT nee	ed to sign <sub>e</sub>			
Department Grad Ac	lvisor (Grad Coord	inator)							
Name GAPE Evaluator	Email the co	mpleted form	n to your graduate	e advisor fo	r signature	e and process	ing —		
Approved	Denied	Name				Date			