

Departmental Request for Candidacy and Graduate Degree Program



Please type only.

Last Name

First Name, M.I.

SSN

Home St. Address

City, State, Zip Code

Home Phone

Daytime Phone

Email Address

Prerequisites/Comments

Faculty Advisor Signature

Date

Dept. Graduate Advisor Signature

Date

**Approved for University
Graduate Committee**

Evaluator
Graduate Studies and Research

Date

<p>Date </p> <p>MA <input type="checkbox"/> MS <input type="checkbox"/> </p> <p>MBA <input type="checkbox"/> MFA <input type="checkbox"/></p> <p>MLS <input type="checkbox"/> MUP <input type="checkbox"/></p> <p>MSW <input type="checkbox"/> MPA <input type="checkbox"/></p> <p>MPH <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Plan <input type="checkbox"/> a) Thesis (299 units Req.) <input type="checkbox"/> b) Non-Thesis Plan</p> <p>Competency In Written English Date Completed: </p> <p>Change of Classification </p> <p>Date Submitted: _____</p> <p>Previous College Degree: Institution: _____ Degree: </p> <p>Date: _____</p>
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Proposed Graduate Degree Program

A Courses Within the Department				
Dept.	No. and Title:	Sem. Units	Grade	Sem. Comp.

B Culminating: (select one only)

Dept.	<input type="checkbox"/> 299 Thesis (Indicate Units) <input type="checkbox"/> 298 Project: (Indicate Units, Semester) <input type="checkbox"/> _____ Course: (Indicate Units, ster, Course number) <input type="checkbox"/> Culminating Experience Report			
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C Courses in Other Departments

Dept.	No. and Title	Sem. Units	Grade	Sem. Comp.

D SJSU Extension or Transfer Resident Courses

Transfer Credit must be validated for use at SJSU

School	Dept.	Crse.	Title:	Sem. Units	Grade	Sem. Comp.

Units
B: C: D: Total:

Candidacy for the Degree—Office Use Only

Graduate/SJSU	Date	Sem. Units	G.P.A.	Total