



**Graduate Admissions &
Program Evaluations**
(GAPE) Extended Zip: 0017

Last Name

First Name, M.I.

Student ID

Previous Name, if any

Home Street Address

City State Zip

Home Phone

Cell Phone

Email Address

REQUIRED SIGNATURES

My signature certifies the accuracy of the information provided.

Student Signature Date

THE SIGNATURE BELOW INDICATES APPROVAL

Dr. Michael L. Kimbarow
Departmental Graduate Advisor Printed Name

Departmental Graduate Advisor Signature

Date

APPROVED **DENIED**

GAPE Evaluator

Date

Petition for Advancement to Graduate Candidacy

Date	Draft Date:	Competency in Written English (Course and Semester Completed)
Degree	MA	EDSP 221 & EDSP 258
Degree Major	Education	Previous College Information Institution Name _____ Degree Type (B.A., B.S., M.A., M.S., etc) _____ Degree Major _____ Date of Degree Award (Month & Year) _____
Concentration	Speech Pathology	
Plan		
Change of Classification, if applicable (Date Effective)		
Advisor should not sign form until conditions of conditional status have been met and student has become classified.		

PROPOSED GRADUATE DEGREE PROGRAM

A	Courses Within the Department		
Department, Course Number and Course Title	Semester Units	Grade	Semester & Year Completed
EDSP 221 - Research Seminar in Comm Disorders	3		
EDSP 222 - Navigating Oral & Written Communication	3		
EDSP 250 - Seminar in Voice Disorders	3		
EDSP 251 - Seminar in Phonology	3		
EDSP 254 - Seminar in Neurological Disorders	3		
EDSP 255 - Seminar in Motor Speech/Dysphagia Dis	3		
EDSP 258 - Seminar in Fluency Disorders	3		
EDSP 259 - Seminar in Lang Disorders in Children	3		
EDSP 260 - Seminar in Oral Facial Anomalies	3		
EDSP 262 - Speech/Lang in Cross-Cultural Society	3		
EDSP 265 - Seminar in Communication & Aging	3		
EDSP 288 - Seminar in AAC	3		
EDSP 276 - Practicum in Advanced Assessment	3		
EDSP or AU 277 - Advanced Practicum (circle one)	3		
EDSP 277 - Advanced Practicum in Speech Pathology	3		
EDSP 277 - Advanced Practicum in Speech Pathology	3		
EDSP 269 - Field Experience (Student Teaching)	10		
EDSP 278 - Clinic Management (Externship)	10		

B		Culminating Experience		
Department	Check box below if applicable	Semester Units	Grade	Semester / Year Completed
Communicative Disorders and Sciences	<input type="checkbox"/> Plan A: Thesis (EDSP 299)			
	<input type="checkbox"/> Plan B: Comprehensive Exam (EDSP 298)			
EDSP & EDAU	<input type="checkbox"/> Plan C: Creative Work/Project (EDSP 298)			
	<input type="checkbox"/> CBEST	n/a		

C		Courses in Other Departments / Undergraduate Courses		
Department	TITLE	Sem. Units	Grade	Sem./Year Completed
EDSP 177				
EDAU 177				

D Transfer Courses (including Open University and SJSU undergraduate courses taken as undergraduate)

Indicate each SJSU course for which a transfer course is substituted, if applicable.
If the transfer course is an Open University please indicate so in the space labeled "University".

University Name (of transfer course)	Transfer Dept. Name	Transfer Course #	Transfer Course Title	Substituted SJSU Course # & Title	Semester Units	Grade	Semester / Year Completed

Total Units A: **68** B: C: D: **68** Total:

COMMENTS: