

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

<p>Approved for University Graduate Committee <input type="checkbox"/></p> <p>_____ Evaluator Graduate Studies and Research</p> <p>_____ Date</p>
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Date		Plan <input type="checkbox"/> a) Thesis (299 units Req.) <input type="checkbox"/> b) Non-Thesis Plan					
MA <input type="checkbox"/> MS <input type="checkbox"/> MBA <input type="checkbox"/> MFA <input type="checkbox"/> MLS <input type="checkbox"/> MUP <input type="checkbox"/> MSW <input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> Other <input type="checkbox"/>		Competency In Written English Date Completed:					
Degree Major		Change of Classification Date Submitted:					
Concentration		Previous College Degree: Institution: Degree: Date:					
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, Semester, Course number) <input type="checkbox"/> Culminating Experience Report				Sem. Units	Grade	Sem. Comp.
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.	
Total Units							
A:		B:		C:		D: Total:	
Candidacy for the Degree—Office Use Only							
Graduate/SJSU				Date	Sem. Units	G.P.A.	Total