Print Form

Departmental Request for Candidacy and Graduate Program Evaluations

San José State University Graduate Admissions and Program Evaluations

Please type only

Last Name

First Name, M.I

Student ID

Home Street 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, GAPE

Date

Date

○ MA ○ MS ○ MBA
○ MFA ○ MLIS ○ MUP
○ MSW ○ MPA ○ MPH
○ MARA ○ OTHER

Degree Major

Concentration

Plan
○ a) Thesis (299 units req.) ○ b) Non - Thesis Plan
○ c) Creative Project (299 units req.)

Competency in Written English: **(Course & Semester Completed)**

Change of Classification:
(Date Submitted)

Previous College Information:
Institution:
Degree:
Date

Proposed Graduate Degree Program

A Courses Within the Department

Dept.	Number and Title	Sem Units	Grade	Sem Completed

B Culminating

	Culminating	Sem Units	Grade	Sem Completed
Dept.	☐ 299 Thesis/Creative Project ☐ 298 Project ☐ ____________ Course ☐ Culminating Experience Report			

C Courses in Other Departments

	Courses in Other Departments	Sem Units	Grade	Sem Completed

D SJSU Extension or Transfer Resident

Transfer credit must be validated for use at SJSU

School	Dept.	Course	Title	Sem Units	Grade	Sem Completed

Total Units A: B: C: D: Total:

Candidacy for the Degree - Office Use Only

Graduate/SJSU	Date	Sem. Units	Grade	Total