



**SAN JOSÉ STATE
UNIVERSITY**

**San José State University
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 Code

_____ Daytime Phone

_____ Email Address

**My signature certifies the accuracy
of the information provided**

Student Signature

Date

**The signatures below indicate
approval**

Project or Thesis Advisor, if required
(print)

Project or Thesis Advisor, if required
(signature)

Date

Department Grad Advisor (print)

Department Grad Advisor (signature)

Date

Approved Denied

GAPE Evaluator

Date

Petition for Advancement to Graduate Candidacy

Date	Competency in Written English (Course and Semester Completed)
Degree	
Degree Major	Change of Classification, if applicable (Date Effective)
Concentration	Advisor should not sign form until conditions of conditional status have been met and student has become classified.
Plan	Previous College Degree
	Date of Degree Award (Month, Year)

Proposed Graduate Degree Program

A Courses Within the Department				
Dept. and Number	Title	Semester Units	Grade	Semester/Year Completed

B Culminating Experience				
Department	Check box below if applicable	Total Units	Grade	Semester/Year Completed
_____	<input type="checkbox"/> 299 Thesis (Plan A) / Creative Work (Plan C)			
_____	<input type="checkbox"/> _____ Last Completed Project Course (Plan B)			
	<input type="checkbox"/> Other Culminating Experiences (specify and/or select up to two)			

C Courses in Other Departments				
Dept. and Number	Title	Semester Units	Grade	Semester/Year Completed

D Transfer Courses (including Open Univ & SJSU graduate courses taken as undergraduate)						
Indicate SJSU course for which transfer course is substituted, if applicable. If transfer course is an Open University or SJSU undergraduate course (SJSU UG), indicate in space for "University"						
University (fill in below)	Dept.	Course Number	Title	Semester Units	Grade	Semester/Year Completed
Substituted for:	-----	-----	-----	-----	-----	-----
Substituted for:	-----	-----	-----	-----	-----	-----
Substituted for:	-----	-----	-----	-----	-----	-----

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