



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	
Plan	Advisor should not sign form until conditions of conditional status have been met and student has become classified.
	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
EDSP 221	Research Seminar in Communicative Disorders	3		
EDSP 222	Navigating Oral & Written Communication	3		
EDSP 251	Seminar in Phonology	3		
EDSP 254	Seminar in Neurological Disorders	3		
EDSP 255	Seminar in Motor Speech Disorders	3		
EDSP 258	Seminar in Fluency and Voice Disorders	3		
EDSP 259	Seminar in Language Disorders in Children	3		
EDSP 260	Seminar in Dysphagia	3		
EDSP 262	Speech and Language in a Cross-Cultural Society	3		
EDSP 265	Seminar in Cognitive Disorders	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 in Public Schools	10		
EDSP 278	Clinic Management and Practicum	10		

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

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:	

Comments