SJSU SAN JOSÉ STATE UNIVERSITY — Petition for Advancement to Graduate Candidacy

Student Information

Do not hand write - Must be typed

This completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name | First Name, M.I.

Student ID | Previous Name (if any)

Current Address | City | State | Zip

Daytime Phone | Email Address

Degree Information

Degree Sought, e.g., MBA MA | Major EDUCATION | Concentration, if applicable COUNSELING & STUDENT PERSONEL | Plan ○ A ◉ B ○ C

Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No., and university or other (specify) EDCO 215

Semester/Year GWAR Completed

Proposed Graduate Degree Program

A. Courses (excluding transfer courses)

Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
		3		
		3		
		3		
		3		
		3		
		3		

B. Culminating Experience

Check box if applicable and then fill out corresponding row

	Course Prefix/Catalog No. (e.g., MAS 203)	Total Units	Grade	Semester/Year Completed
☐ 299 Thesis (Plan A)/Creative Work (Plan C)				
☑ Last completed project or comprehensive exam-preparation course (Plan B)	EDCO 298	3		

☐ Other culminating experiences (Specify up to two)

	Type	Semester/Year Completed
1) Other culminating experience		
2) Other culminating experience		

☐ 599 Dissertation

Course Prefix/Catalog No.	Total Units	Grade	Semester/Year Completed

C. Transfer Courses (including Open University & SJSU Graduate Courses Taken as a Senior)

Grad advisor signature indicates department approval

University	Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
			3		
Substitute for SJSU Course			3		
			3		
Substitute for SJSU Course			3		
			3		
Substitute for SJSU Course			3		

Total Units | **A** | **B** | **C** | **Total**

Required Signatures

Student

Signature (certifies accuracy of the information provided) _____ Date _____

For Official Use Only

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name (print) _____ Signature _____ Date _____

Department Grad Advisor (Grad Coordinator)

Name (print) _____ Signature _____ Date _____

GAPE Evaluator

○ **Approved** ○ **Denied** Name _____ Date _____