SJSU SAN JOSÉ STATE UNIVERSITY

Petition for Advancement to Graduate Candidacy

09.2016

Student Information

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: Doe | First Name: Jane

Student ID: 456789123 | Previous Name (if any):

Current Address: 123 Education Drive | City: San Jose | State: CA | Zip: 95012

Daytime Phone: (123) 456-7890 | Email Address: example@email.com

Degree Information

Degree Sought, *e.g.*, MBA: MS | Major: Mechanical Engineering | Concentration, if applicable:

Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No.: ENG 100W

University where taken: San Jose State University | Semester/Year GWAR Completed: S18 | Plan: ○ A ◉ B ○ C

Proposed Graduate Degree Program

A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)

Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
ME 160	Finite Element Methods	3	A	F17
ME 230	Advanced Mechanical Engineering Analysis	3	A+	F17
ME 260	Applied Stress Analysis	3	A	F17
ME 250	Precision Machine Design	3	A	S18
ME 265	Computer Aided Mechanical Engineering Design	3	A-	S18
ME 273	Finite Element Methods Engineering	3	A	S18
ME 284	Sensor Technology and Principles	3		F18
ME 280	Automatic Control Engineering	3		F18
ME 295A	Mechanical Engineering Project I	3		F18

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)	ME 295B	3		Spring 2019
☐ Other Culminating Experiences			

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

☐ 599 Dissertation	Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed

C. Transfer Courses

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

Units	
A	
B	
C	
Total	

Required Signatures

Student Jane Doe — Date: 11/28/2018

Signature (certifies accuracy of the information provided)

For Official Use Only

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name: | Signature: | Date:

Department Grad Advisor (Grad Coordinator)

Name: | Signature: | Date:

GAPE Evaluator

○ Approved ○ Denied | Name: | Date: