SAN JOSÉ STATE Petition for Advancement to Graduate Candidacy Student Information Completed form should be emailed to the appropriate GAPE evaluator (see www.sisu.edu/oape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017. First Name Jane Last Name 456789123 Previous Name (if any) Student ID State CA Zip 95012 **Current Address** 123 Education Drive City San Jose (123) 456-7890 **Email Address** example@email.com Daytime Phone **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 **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. Semester Units Grade Semester/Year Completed ME 160 Finite Element Methods 3 Α F17 ME 230 Advanced Mechanical Engineering Analysis 3 A+ F17 3 Α ME 260 Applied Stress Analysis F17 Precision Machine Design 3 Α S18 ME 250 3 A-S18 ME 265 Computer Aided Mechanical Engineering Design 3 Α ME 273 Finite Element Methods Engineering S18 Sensor Technology and Principles 3 ME 284 **Automatic Control Engineering** 3 ME 280 3 ME 295A Mechanical Engineering Project I **B. Culminating Experience** Course Prefix/Catalog No. (e.g., MAS 203) **Total Units** Grade Semester/Year Completed Check box if applicable and then fill out corresponding row 299 Thesis (Plan A)/Creative Work (Plan C) ME 295B 3 Last completed project or comprehensive exam-preparation course (plan B) Туре Semester/Year Completed Other Culminating Experiences 1) Other culminating experience 2) Other culminating experience Course Prefix/Catalog No. (e.g., MAS 203) Total Units Grade Semester/Year Completed 599 Dissertation **Transfer Courses** University Course Prefix/No Title **Semester Units** Grade Semester/Year Completed Units Sub. for SJSU Course B C Sub. for SJSU Course Total Sub. for SJSU Course Required Signatures Date 11/28/2018 For Official Use Only Signature (certifies accuracy of the information provided) The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)
Name
Signature
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Signature
Department Grad Advisor (Grad Coordinator)
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Department Grad Advisor (Grad Coordinator)
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