

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						
approval Project or Thesis Advisor, if required						
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Petition for Advancement to Graduate Candidacy

Date				Competency in Written English (Course and Semester Completed)													
Degree			-	Change of	Tassification i	f annlicable (Date Eff	ective)									
Degree Major Concentration Plan				Change of Classification, if applicable (Date Effective) 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)													
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Dept. and Number	Title					Semester Units	Grade	Semester/Year Completed									
D.																	
B Department	Cl. 1.1	1 1 :0	1: 11			Total	Grade	Semester/Year									
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	299 Thesis (Plan A) / Creative Work (Plan C) Last Completed Project Course (Plan B)																
			-		rse (Plan B)												
		Culminating fy and/or sel															
С		urses in Ot			ts												
Dept. and Number			Title			Semester Units	Grade	Semester/Year Completed									
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Candidacy rev 10/2015