San Jose State University
Graduate Studies and Research

Departmental Request for Candidacy and Graduate Degree Program

Please type only.

Last Name

First Name, M.I.

SSN

Home St. Address

City, State, Zip Code

Home Phone

Daytime Phone

Email Address

Prerequisites/Comments

Faculty Advisor Signature

Date

Dept. Graduate Advisor Signature

Date

Approved for University Graduate Committee ☐

Evaluator
Graduate Studies and Research

Date

Date	**Plan** ☐ a) **Thesis (**299 units Req.) ☐ b) **Non-Thesis Plan**
MA ☐ MS ☐ MBA ☐ MFA ☐ MLS ☐ MUP ☐ MSW ☐ MPA ☐ MPH ☐ Other ☐	**Competency In Written English** Date Completed: **Change of Classification** Date Submitted:
Degree Major **Concentration**	**Previous College Degree:** Institution: Degree: Date:

Proposed Graduate Degree Program

A Courses Within the Department

Dept.	No. and Title:	Sem. Units	Grade	Sem. Comp.

B Culminating: *(select one only)*

Dept.				
	☐ **299 Thesis** *(Indicate Units)* ☐ **298 Project:** *(Indicate Units, Semester)* ☐ _____ **Course:** *(Indicate Units, Semester, Course number)* ☐ **Culminating Experience Report**			

C Courses in Other Departments

Dept.	No. and Title	Sem. Units	Grade	Sem. Comp.

D SJSU Extension or Transfer Resident Courses

Transfer Credit must be validated for use at SJSU

School	Dept.	Crse.	Title.	Sem. Units	Grade	Sem. Comp.

Total Units
A: B: C: D: Total:

Candidacy for the Degree—Office Use Only

Graduate/SJSU	Date	Sem. Units	G.P.A.	Total

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