Print Form

San José State University

Departmental Request for Candidacy and Graduate Program Evaluations

San José State University Graduate Admissions and Program Evaluations

Please type only

Last Name

First Name, M.I

Student ID

Home Street 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, GAPE

Date

Date

Plan

a) Thesis (299 units req.) b) Non - Thesis Plan

c) Creative Project (299 units req.)

MA MS MBA

MFA MLIS MUP

MSW MPA MPH

MARA OTHER

Competency in Written English: **(Course & Semester Completed)**

Change of Classification:
(Date Submitted)

Degree Major

Concentration

Previous College Information:
Institution:
Degree:
Date

Proposed Graduate Degree Program

A	Courses Within the Department			
Dept.	Number and Title	Sem Units	Grade	Sem Completed