APPLICATION FOR CANDIDACY

VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF EDUCATION

Social Security #:	Date:		
Name:			
Address:			
Home Phone: Work Pho			
I hereby apply for candidac	y for the Masters of Education D	egree in:	
(AREA OF SPECIALIZATION)		GNATURE OF STUDENT)	
COURSES COMPLETED:		CREDITS GRADE	
As advisor to the above named student, I certify that he requirements for Candidacy for the Master of Education Completion of the minimum of nine semester creased Grade Point Average:			
	CONTRACT APPROVED:		
Student:	Advisor:	Department Head:	
Date:	Date:	Date:	
	For Office Use Onl	y Data Entered On:	