

Southeastern Oklahoma State University
Graduate School
APPLICATION FOR ADMISSION TO CANDIDACY
This form must be submitted to the Graduate Office (A307)
the semester prior to graduation.

Name: _____

Student ID: _____

Mailing Address: _____

Telephone (Home): _____ (Work) _____

E-Mail Address: _____ Advisor: _____

Degree: Master of SCIENCE

(e.g.; Behavioral Studies, Business Administration, Education, Technology)

Option, Area or Specialization: AEROSPACE ADMINISTRATION & LOGISTICS

Date Beginning Graduate Study: _____

Expected Date of Graduation: _____

Undergraduate Degree: _____ Date Received: _____

Undergraduate Major/Minor: _____

Institution Granting Degree: _____

***Check List: (return the Application for Admission to Candidacy
after all of the following requirements that apply have been met.)***

_____ I have filed an approved Plan of Study (Degree Plan) with my
advisor.

_____ I have completed at least eight (8) semester hours of graduate study
at SOSU.

_____ I have at least a "B" average on all work counting towards my
master's degree.

_____ I have official transcripts on file in the Registrar's Office of all my
graduate work from other colleges and universities that I wish to
include in my graduate program.

(OVER)

LIST ALL GRADUATE TRANSFER WORK:

Course Number	Name of Course	Grade	Hours	Semester Completed
Institution:				
Institution:				
Institution:				

LIST ALL COURSE WORK COMPLETED TO DATE AT SOUTHEASTERN WHICH WILL BE APPLIED ONLY TO YOUR MASTER'S DEGREE PROGRAM:

COURSE NUMBER	NAME OF COURSE	GRADE	HOURS	SEMESTER COMPLETED

Candidate's Signature

Date

Graduate Program Coordinator

Date

Graduate Dean

Date