



**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

<p>Date _____</p> <p><input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA</p> <p><input type="checkbox"/> MFA <input type="checkbox"/> MLIS <input type="checkbox"/> MUP</p> <p><input type="checkbox"/> MSW <input type="checkbox"/> MPA <input type="checkbox"/> MPH</p> <p><input type="checkbox"/> MARA <input type="checkbox"/> OTHER</p> <p>Degree Major _____</p> <p>Concentration _____</p>	<p>Plan</p> <p><input type="checkbox"/> a) Thesis (299 units req.) <input type="checkbox"/> b) Non - Thesis Plan</p> <p><input type="checkbox"/> c) Creative Project (299 units req.)</p> <p>Competency in Written English: (Course & Semester Completed)</p> <p>Change of Classification: (Date Submitted)</p> <p>Previous College Information: Institution: Degree: Date</p>
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Proposed Graduate Degree Program

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

B	Culminating	Sem Units	Grade	Sem Completed
Dept.	<input type="checkbox"/> 299 Thesis/Creative Project <input type="checkbox"/> 298 Project <input type="checkbox"/> _____ Course <input type="checkbox"/> Culminating Experience Report			

C	Courses in Other Departments	Sem Units	Grade	Sem Completed

D SJSU Extension or Transfer Resident

Transfer credit must be validated for use at SJSU

School	Dept.	Course	Title	Sem Units	Grade	Sem Completed

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

Candidacy for the Degree - Office Use Only

Graduate/SJSU	Date	Sem. Units	Grade	Total