SJSU SAN JOSÉ STATE UNIVERSITY

Petition for Advancement to Graduate Candidacy

09.2016

Student Information

Completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name _____ First Name _____

Student ID _____ Previous Name (if any) _____

Current Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

Degree Information

Degree Sought, *e.g.* , MBA _____ Major _____ Concentration, if applicable _____

Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. _____

University where taken _____ Semester/Year GWAR Completed _____ Plan ◯ A ◯ B ◯ C

Proposed Graduate Degree Program

A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)

Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed

B. Culminating Experience

Check box if applicable and then fill out corresponding row

☐ 299 Thesis (Plan A)/Creative Work (Plan C)

☐ Last completed project or comprehensive exam-preparation course (plan B)

☐ Other Culminating Experiences

Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed

	Type	Semester/Year Completed
1) Other culminating experience		
2) Other culminating experience		

☐ 599 Dissertation

Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed

C. Transfer Courses

University	Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
Sub. for SJSU Course					
Sub. for SJSU Course					
Sub. for SJSU Course					

Units	
A	
B	
C	
Total	

Required Signatures

Student _____ Date _____

Signature (certifies accuracy of the information provided)

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name _____ Signature _____ Date _____

Department Grad Advisor (Grad Coordinator)

Name _____ Signature _____ Date _____

GAPE Evaluator

◯ Approved ◯ Denied Name _____ Date _____

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