## SAN JOSÉ STATE **Petition for Advancement to Graduate Candidacy** UNIVERSITY Completed form should be emailed to the appropriate GAPE evaluator (see www.sisu.edu/qape/about us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017. First Name Previous Name (if any) Student ID State Current Address City Daytime Phone **Email Address** Degree Information \_\_\_\_\_Concentration, if applicable \_\_\_\_\_ Degree Sought, e.g., MBA \_\_\_\_\_Major \_\_\_ Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. University where taken Semester/Year GWAR Completed **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. Semester Units Grade Semester/Year Completed **B. Culminating Experience** Course Prefix/Catalog No. (e.g., MAS 203) **Total Units** Grade Semester/Year Completed 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) Semester/Year Completed Other Culminating Experiences Type 1) Other culminating experience 2) Other culminating experience Course Prefix/Catalog No. (e.g., MAS 203) **Total Units** Grade Semester/Year Completed 599 Dissertation Transfer Courses Course Prefix/No. Title Semester Units Grade Semester/Year Completed Units Sub. for SJSU Course В C Sub. for SJSU Course **Total** Sub. for SJSU Course **Required Signatures** For Official Use Only Student Signature (certifies accuracy of the information provided) The signatures below indicate approval. Project or Thesis Advisor (if required by your department) Signature Department Grad Advisor (Grad Coordinator)

Signature

Name

) Denied

Name \_\_\_

GAPE Evaluator
Approved

Date

Date