



Graduate Studies
Advancement to Candidacy

GSO1

Name		Student ID Number	
Street Address		Telephone Home	
City, State, Zip		Telephone Work	
		Telephone Message	
Master's Program		Authorized Concentration	

Proposed Title and Short Description of Final Project (4 lines)--Use a second page for a long Description

Special Requirements for Advancement, if any (i.e., oral qualifying exam, etc.)

Date

Requirement		
How Met by Student		

Writing Proficiency Requirement (please do not leave blank)

Date

WEPT Passed	
Other Approved Option (Specify)	

In signing this document, I agree to accept the responsibility of preparing a manuscript that meets the standards of the supervising committee and the University [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Student Signature (Digital Signature Acceptable)	Date

In signing this document the committee agrees to accept the roles and responsibilities assigned to the task of acting as evaluators of the quality and substance of this student's final project [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Committee	Name (Typed)	Signature (Digital Signature Acceptable)	Date
Chair			
Second Member			
Third Member			
Fourth Member			
Graduate Coordinator			

For Graduate Studies Office Use Only:

Review and Data Update:	Signature	Date
Graduate Studies Clearance		
Status Updated to REC3 in Peoplesoft		