



Graduate Studies  
Advancement to Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home/Cell	
Permanent Address			
Email Address			
Master's Program		Authorized Concentration	

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

Date

	Coursework Completed for MBA	
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Writing Proficiency Requirement (please do not leave blank)

Date

	Graduate Application Writing Assessment	
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*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].*

<b>Student Signature</b>	<b>Date</b>

*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].*

	<b>Name (typed)</b>	<b>Signature</b>	<b>Date</b>
Graduate Coordinator			

For Graduate Studies Office Use Only:

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