



SONOMA STATE UNIVERSITY
Graduate Studies
Advancement to Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home/Cell	
Permanent Address			
Program	Masters in Counseling	Authorized Concentration	Clinical Mental Health Counseling

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

Requirement	Exit Exam	Date
Requirement	Successful completion of Traineeship (600 hours, written case report, & oral presentation)	

Writing Proficiency Requirement

Writing sample evaluated at time of application (enter month/year program started under Date)	Date
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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].

Student Signature	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	Date
Advisor			
Department Chair			

Review and Data Update:		Date
Graduate Studies Clearance		
Admissions & Records		