



Graduate Studies  
Advancement to Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home/Cell	
Permanent Address			
Email Address			
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].*

<b>Student Signature (Digital Signature Acceptable)</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].*

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		