



Graduate Studies  
 Advancement to Candidacy

GSO1

Name		Student ID Number	
		Telephone Home/Cell	
Email Address			
Master's Program	Master's in Public Administration		

**Proposed Title and Short Description of Thesis/Project**

**Special Requirements for Advancement**

**Date**

Completed coursework in preparation for Culminating Experience	
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**Writing Proficiency Requirement (please select one)**

**Date**

<input type="checkbox"/> WEPT Passed	
<input type="checkbox"/> Writing sample assessment	

*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		