



Graduate Studies
Advancement to Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home/Cell	
Permanent Address			
Email Address			
Master's Program	Master's of Science in Nursing	Authorized Concentration	Family Nurse Practitioner

Special Requirements for Advancement

Date

Coursework completed up to final semester	
Completion of Objective Structured Clinical Exam	

Writing Proficiency Requirement

Date

Admission Essay evaluated for writing proficiency	
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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 (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].

	Signature (Digital Signature Acceptable)	Date
Graduate Coordinator	Mary Ellen Wilkosz	

For Graduate Studies Office Use Only:

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