

Graduate Studies Advancement to Candidacy

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

Date

Special Requirements for Advancement

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

Date

Writing Proficiency Requirement (please do not leave blank)

Writing sample evaluated with application to program (enter month/year program started under 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 (Digital Signature Acceptable)	

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
Advisor			
Department Chair			

For Graduate Studies Office Use Only:

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