



Graduate Studies  
 Advancement to Candidacy

GSO1

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

**Special Requirements for Advancement** **Date**

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].*

<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
Advisor			
Department Chair			

**For Graduate Studies Office Use Only:**

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