

San José State University Graduate Admissions & Program Evaluations (GAPE) Extended Zip 0017

Last Name							
First Name, M.I.							
Student ID							
Previous Name, if any							
Home Street Address							
City, State, Zip Code							
Daytime Phone							
Email Address							
My signature certifies the accuracy of the information provided							
Student Signature							
The signatures below indicate approval							
Project or Thesis Advisor, if required (print)							
Project or Thesis Advisor, if required (signature)							
Date							
Department Grad Advisor (print)							
Department Grad Advisor (signature)							
Date							
Approved Denied							
GAPE Evaluator							

Petition for Advancement to Graduate Candidacy

						11.1 :											
Date				Competency in Written English (Course and Semester Completed)													
Degree				Change of Classification, if applicable (Date Effective)													
Degree Major				Advisor should not sign form until conditions of conditional													
Concentration Plan				status have been met and student has become classified. Previous College Degree Date of Degree Award (Month, Year)													
										-			egree Prog	•			
									A	Cou	rses Witl	hin the	Departme	ent			
Dept. and Number			Title			Semester Units	Grade	Semester/Year Completed									
В		Culmina	ting Ex	perience													
Department	Check box below if applicable					Total Units	Grade	Semester/Year Completed									
	299 Thesis (Plan A) / Creative Work (Plan C)																
	Last Completed Project Course																
	Other Culminating Experiences (specify and/or select up to two)																
С	Courses in Other Departments																
Dept. and	Col	See III	Title	opar unen		Semester	G :	Semester/Year									
Number			11110			Units	Grade	Completed									
D	Transfer (Courses (i	ncluding	Open Univ	& SJSU gradu	ate courses t	aken as	undergraduate)									
Indicate SJSU cou If transfer course i	rse for which s an Open U	n transfer co niversity or	ourse is su SJSU und	bstituted, if a dergraduate c	pplicable. ourse (SJSU U		n space i	for "University"									
University (fill in below)	Dept.	Course Number		Title		Semester Units	1	Semester/Year Completed									
Substituted for:	 					 	 	- <u></u> -									
		<u> </u>					<u> </u>										
Substituted for:																	
Substituted for:							<u> </u>										
Total Units	A:	B:		C:	D:	Total:											
Comments																	

Candidacy rev 04/2011