

Petition for Advancement to Graduate Candidacy

**San José State University
Graduate Admissions and
Program Evaluations
(GAPE)**

Last Name

First Name, M.I.

Student ID

Home Street Address

City, State, Zip Code

Home or Mobile Phone

Daytime Phone (if applicable)

Email Address

Required Signatures

Faculty Advisor Signature

Date

I gp0Gpi 0'Rtqi tco 'F ltgevqt'Uki pcwtg

Date

Approved	Denied
<input type="checkbox"/>	<input type="checkbox"/>
_____ GAPE Evaluator	
_____ Date	

Date	Plan
<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA <input type="checkbox"/> MFA <input type="checkbox"/> MLIS <input type="checkbox"/> MUP <input type="checkbox"/> MSW <input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> MARA <input type="checkbox"/> OTHER	<input type="checkbox"/> A) Thesis (299 unit req.) <input type="checkbox"/> B) Non - Thesis <input type="checkbox"/> C) Creative Project (299 unit req.)
Degree Major	Competency in Written English (Course and Semester Completed)
Concentration	Change of Classification (Date Submitted)
	Previous College: Degree: Date of Degree Award (Month, Year):

Proposed Graduate Degree Program

A Courses Within the Department				
Dept. and Number	Title	Semester Units	Grade	Semester Completed

B Culminating Experience				
	<input type="checkbox"/> 299 Thesis/Creative Project <input type="checkbox"/> _____ Course <input type="checkbox"/> Culminating Experience Report			

C Courses in Other Departments				
Dept. and Number	Title	Semester Units	Grade	Semester Completed

D SJSU Extension or Transfer Courses						
Transfer credit must be validated for use at SJSU						
University	Dept.	Course	Title	Semester Units	Grade	Semester Completed
Total Units	A:	B:	C:	D:	Total:	

Comments