

Graduate Candidacy Application

Student Info	ormation								
Last Name Student ID Current Address		Previous Name (if any) City			State _		Zip		
Daytime Phone			Email Addre	SS					
Degree Info									
Degree Program									
Advisor:									
Proposed G	raduate Degree Program								
A. Courses (include	all BSU courses taken and those that will be t	taken for de	gree credit; lea	ve Grade se	ction b	lank fo	r currer	it and future class	ses)
Course Prefix/No.		Semester Credits			Grad	de			
Prefix_1	Title_1			Credits_:	1	Gra_	_1 Se	em_1	
B. Culminating Projection	ect ble and the fill out corresponding row								
Thesis/Research Paper			ourse Prefix (e.g., BIOL 6930, ENG 6990, EVSS 6990, ED 6850, etc.)			al dits	Grade	Semester/Year ade Completed	
☐ Capstone		Course_	•	20, 210. 7	Cred		Ga_1	Semester_1	
☐ Written Exam									
written Exam									
C. Signatures									
Student				Date					-
Advisor				Date					-
Director of Crad Studies				D-+-					