SJSU SAN JOSÉ STATE UNIVERSITY

Petition for Advancement to Graduate Candidacy

09.2016

Student Information

Completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name The Pooh First Name Winnie

Student ID 0123456789 Previous Name (if any)

Current Address 100 Acre Wood City State Zip

Daytime Phone 000-000-0000 Email Address winnie.the.pooh@poohmail.com

Degree Information

A = thesis
B = project
C = never check C

Degree Sought, *e.g.* , MBA Major ChE MS or MatE MS Concentration, if applicable

Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. ChE 200

University where taken SJSU Semester/Year GWAR Completed FA 2023 ◯ A ◯ B ◯ C

Proposed Graduate Degree Program

A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)

Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed

Only include required courses (core + tech electives + 280/280I (2 units) + 281) as part of your MS degree.
If the graduate advisor allowed you to transfer in any classes, put them in section "C. Transfer Courses" below.

DO NOT INCLUDE TRANSITION CLASSES OR EXTRA TECH ELECTIVES TAKEN

B. Culminating Experience

Check box if applicable and then fill out corresponding row

	Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed
☐ 299 Thesis (Plan A)/Creative Work (Plan C)				
☐ Last completed project or comprehensive exam-preparation course (plan B)				
☐ Other Culminating Experiences				

If doing thesis, check "299 Thesis (Plan A) and list ChE/MatE 299
If doing project, check "planB" and list ChE/MatE 298

	Type	Semester/Year Completed
1) Other culminating experience		
2) Other culminating experience		

	Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed
☐ 599 Dissertation				

C. Transfer Courses

University	Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
Sub. for SJSU Course					
Sub. for SJSU Course					
Sub. for SJSU Course					

	Units
A	
B	
C	
Total	

must add up to 30

Required Signatures

Student Date

Signature (certifies accuracy of the information provided)

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name Date

Your research advisor does NOT need to sign

Department Grad Advisor (Grad Coordinator)

Name

Email the completed form to your graduate advisor for signature and processing

GAPE Evaluator

◯ Approved ◯ Denied Name Date

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