

Name: _____
Last First

ID: _____

Andrews University

ADVANCEMENT TO CANDIDACY Master's Program

School: _____
Degree: _____
Anticipated Grad. Date: _____

Department: _____
Emphasis: _____
Bulletin: _____

Must have REGULAR status and have filed application for graduation first!

1. RECORDS OFFICE

Application for graduation

Records Office

Date

2. PROGRAM REQUIREMENTS (To be filled in by the department)

Required credits: _____

Minimum 500 & above: _____

Language:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comprehensive:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Teaching Certificate:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Thesis:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Department Requirement:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Portfolio	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Recital	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Project(s):	No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

Department Chair/Program Director

Date

3. COURSE REQUIREMENTS: (from attached check sheet)

GRADUATE CREDITS

	400-499	>500	Total
Completed: Transfer	_____ + _____	_____	_____
AU	_____ + _____	_____	_____
Proposed: Transfer	_____ + _____	_____	_____
AU	_____ + _____	_____	_____
Totals	_____ + _____	_____	_____

Tour/Workshop: _____

Independent Study: _____

Total: _____

Note: all transfer courses must be approved by petition and an official transcript on file in Records Office.

Academic Adviser

Date

4. GRADUATE SCHOOL

Regular Status

Meets Requirements

Graduate GPA: _____

Transfer meets requirements

All bulletin requirements met or petitioned

School of Graduate Studies

Date

5. APPROVAL

School Dean /Graduate Program Coordinator

Date Granted

Name: _____
Last First

ID: _____

Andrews University

CANDIDACY COURSE CHECK SHEET Master's Program

School: _____

Department: _____
