

Advancement to Candidacy

Name _____ ID# _____

Home or Cell Phone _____ Advisor _____

Student Signature _____ Date _____

Area of Master’s Concentration (Please check current program):

Bilingual

- Counseling:**
- School Counseling
- Student Affairs

Curriculum and Instruction:

- Specialty Options – Disciplines
- Field Based Specialty
- Educational Technology

Educational Administration

- Reading and Literacy**
- Special Education**

Early Childhood Education

For Office Use Only

Graduate Office Checklist:

- 15 units completed in Program
- Classified Status
- Satisfactory GPA of 3.0 or above
- Upper Division Writing Competency Requirement Satisfied by _____
- CBEST (Services Credentials Only)
- File materials complete

After consultation and review by the appropriate faculty of your concentration, we have:

- APPROVED your petition for Advancement to Candidacy
- DENIED your petition for Advancement to Candidacy at this time because:

Program Coordinator

Date

Coordinator of Graduate Studies

Date

Original: (1)SOE Graduate Studies File Copy to: (2)Student