CSUB School of Education – Graduate Studies Office

Office Use Only: A&R Evaluator _____

Culminating Activity – Approval for Registration

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
☐ **Early Childhood Education**

☐ **Educational Administration**

☐ **Reading and Literacy**

☐ **Special Education**

I have completed ____quarter units of course work approved for the M.A./MS degree at CSUB with a grade point average of at least 3.0 or better, and would like to enroll this

☐ Fall ☐ Winter ☐ Spring (Year) _____ For the ☐ Thesis ☐ Project ☐ Exam Course # _____ Units _____

The signatures of the individual below confirm their APPROVAL TO SERVE ON MY COMMITTEE, and (if applicable) confirm THEIR APPROVAL OF MY THESIS/PROJECT PROPOSAL, WHICH IS ATTACHED.

1. _____ _____ _____
Name of Chairperson Signature Date

2. _____ _____ _____
Name of Member Signature Date

3. _____ _____ _____
Name of Member Signature Date

List the courses remaining on your approved program to be completed:

Course Number	Quarter to be taken	Course Number	Quarter to be taken

Please list:

1. Date of Advancement to Candidacy _____
2. Date of filing of Institutional Review Board Application (thesis and project only) _____
3. Date of **online** Application for Graduation and fees submitted to Admissions and Records Office _____

Please see the School of Education Graduate Handbook for additional requirements.

For Office Use Only:

GRADUATE OFFICE CHECKLIST

☐ Advanced to Candidacy
☐ Satisfactory Cumulative G.P.A.
☐ Comments_____

☐Thesis/Project Proposal Attached
☐ All M.A. units within 7 years
☐ Satisfactory Program G.P.A.

Checked by _____ Date _____

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

☐ APPROVED your committee and C.A. registration

☐ NOT APPROVED due to: _____

_____ _____
Program Coordinator Date Coordinator of Graduate Studies Date

Original: (1)SOE Graduate Studies File Copies to: (2)Student (3)Advisor