

APPLICATION FOR ADMISSION TO CANDIDACY

*The Graduate School
State University of West Georgia
Carrollton, Georgia 30118*



Name _____

Social Security Number _____ Date _____

Degree: M.A. M.S. M.S.N. M.P.A. M.M. M.Ed. Ed.S. M.B.A. M.P. Acc.

Major _____

I hereby apply for admission to candidacy and declare my intention to graduate at the following time:

December, 20____ May, 20____ August, 20____

I request that the following members of the Graduate Faculty be appointed to evaluate my master's thesis or Ed.S. research project (if applicable) and to assist in the administration of my comprehensive examination:

Major Professor: _____

Other Committee Members: _____

(Applicant's Signature)

(Current Mailing Address)

SPACE BELOW FOR OFFICIAL USE

CERTIFICATION & RECOMMENDATION OF MAJOR PROFESSOR, DEPARTMENT CHAIRMAN, & GRADUATE DEAN

We have examined the entire graduate record of the applicant and certify that he/she is eligible for admission to candidacy:

Signed: _____
(Major Professor)

(Department Chair)

(Dean of the Graduate School)

(Date Approved by Graduate Dean)

COMMITTEE REPORT ON COMPREHENSIVE EXAM

Passed Failed

Signatures of Examining Committee

(Date)

(Date)

(Date)

(Date)

COMMITTEE REPORT ON THESIS OR PROJECT

Approved Disapproved

Comments: _____

Date of Examination: _____