

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 _____ First Name _____
 Student ID _____ Previous Name (if any) _____
 Current Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Email Address _____

Degree Information

Degree Sought, *e.g.*, MBA _____ Major _____ Concentration, if applicable _____

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

University where taken	Semester/Year	GWAR Completed	Plan	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.)

[illegible]

B. Culminating Experience

Check box if applicable and then fill out corresponding row

299 Thesis (Plan A)/Creative Work (Plan C)

Last completed project or comprehensive exam-preparation course (plan B)

Other Culminating Experiences

[illegible]

Type	Semester/Year Completed
------	-------------------------

1) Other culminating experience

2) Other culminating experience

599 Dissertation

Course Prefix/Catalog No. (e.g., MAS 203)	Total Units	Grade	Semester/Year Completed
---	-------------	-------	-------------------------

Source of Funds: Category (e.g., Initial 2007)	Total Units	Grade	Completion Year Complete

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	

Required Signatures

Student	Date	For Official Use Only
---------	------	-----------------------

Signature (certifies accuracy of the information provided)

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name _____ Signature _____ Date _____

Department Grad Advisor (Grad Coordinator)

Name	Signature	Date
------	-----------	------

GAPE Evaluator

Approved	Denied	Name	Date
----------	--------	------	------

For Official Use Only