

Application for Graduate Degree Candidacy

*	Forward signed original to:
	Graduate Studies Office – 206 Showalter

*	Retain a copy for the department
*	Retain a copy for the student

Name						Oate		
Last		First		MI				
Address								
Street				City	S	State Zip Code		
EWU ID	F	Phone: Home ()	V	Vork()		
E-Mail		\		Year of the catalog u	nder	which you wish	to be eva	aluated:
Degree desired: MA	☐ MBA	A	M	N 🗆 MOT 🗆 MPA 🗆	DPT		/ISW □	MURP
Specialization or major (N				Quarter and year	of exr	ected dearee p	rogram c	completion
		,						
This form is to be filed after or Proposed Study Prog					ne-half	of the minimum p	ogram cre	edits.
Courses Completed Courses in Progress				Courses Remaining		Approved Substitutions		
Regular Required Courses								
Name	Cr	Name	Cr	Name	Cr	Name		Cr
Elective Courses								•
Special Requirements	1					•		l .
Subtotal:		Subtotal:		Subtotal:			Total:	
Candidata						Data		
Candidate: Sign above	and obtain	n the signatures of the follo	wing:			Date:		
G		· ·	3			_		
Advisor/Graduate Committee Cl	nair:	Sign		Print		Date:		
		· ·		1 1015				
Graduate Committee Member:		Sign		Print		Date:		
		Sigil		FIIIL				
Program Director:						Date:		