



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 _____ Date _____
Last First MI

Address _____
Street City State Zip Code

EWU ID _____ Phone: Home (____) _____ - _____ Work (____) _____ - _____
E-Mail: _____ Year of the catalog under which you wish to be evaluated: _____

Degree desired: MA MBA MED MFA MN MOT MPA DPT MS MSW MURP

Specialization or major (MA, MED or MS): _____ Quarter and year of expected degree program completion: _____

This form is to be filed after completion of 15 graduate program credits and before completion of one-half of the minimum program credits.

Proposed Study Program: Please include course number, course title and credits

Courses Completed		Courses in Progress		Courses Remaining		Approved Substitutions	
Regular Required Courses							
Name	Cr	Name	Cr	Name	Cr	Name	Cr
Elective Courses							
Special Requirements							
Subtotal:	0	Subtotal:	0	Subtotal:	0	Total:	0

Candidate: _____ Sign above and obtain the signatures of the following: _____ Date: _____

Advisor/Graduate Committee Chair: _____ Sign _____ Print _____ Date: _____

Graduate Committee Member: _____ Sign _____ Print _____ Date: _____

Program Director: _____ Sign _____ Print _____ Date: _____