

## Part 1: To be completed by the STUDENT

Last Name(s), First and Middle Names (must match EXACTLY as on Cal State LA transcript)

CalStateLA.edu Student Email Address

Graduate Degree, Program, and Option

## Part 2: To be completed by the STUDENT and the FACULTY GRADUATE ADVISOR

## Advancement to Candidacy Requirements:

Completed Graduate Writing Assessment Requirement (GWAR): Completed minimum of 12.0 semester units of your study plan: Earned minimum 3.0 grade point average: Completed departmental or college requirements (if any):

Met	Will meet by end of current term
Met	Will meet by end of current term
Met	Will meet by end of current term

Met Will meet by end of current term

Coursework Requirements for Advancement to Candidacy (if any):

<b>Course Abbreviation &amp; Number</b>	Term	Sem. Units	<b>Course Abbreviation &amp; Number</b>	Term	Sem. Units

## **Culminating Experience:**

Comprehensive Examination (complete this section, then skip to Part 4)

- Project (complete this section, Part 3, and Part 4)
- □ Thesis or Dissertation (complete this section, Part 3, and Part 4)

By signing this form, I certify that the student has adhered to their study plan and completed all requirements for Advancement to Candidacy.

Student Name	Signature	Date
Faculty Graduate Advisor Name	Signature	Date
Part 3 (Thesis, Project, or Dissertation ONLY): To be co	mpleted by the STUDENT and the COMMITTEE CHAIR	
Proposed Thesis, Project, or Dissertation Title		
Style Manual for Thesis, Project, or Dissertation		
Committee Chair Name	Signature	Date
Names of Additional Committee Members (signatures not requi	ired)	
Part 4: FACULTY GRADUATE ADVISOR (or designee) su	bmits form to COLLEGE ASSOCIATE DEAN'S OFFICE, who	completes the rest of this form
Advancement to Candidacy:	/ed	
College Associate Dean's Name (or designee)	Signature	Date
Email completed form to record	ds@calstatela.edu and copy (cc) GRC@calstatela.edu advisor, and the student.	ı, the faculty graduate

CIN #

Phone Number