



FORM 8

APPLICATION FOR MASTER'S DEGREE CANDIDACY

Name: CCSU ID:
Street: Phone:(H) ()
City/St/Zip: (W) ()
Country: Email:

Major: Advisor: Date:
Program: Use of this form is for certain master's programs only. Check the graduate catalog or with an advisor for applicable programs.

Degree Candidacy Approval
Some graduate programs require students to be accepted as degree candidates following completion of nine (9) semester hours of courses included within the planned program of study. Six (6) semester hours of the nine required must be from the major area (such as Art, Reading, Counseling, etc.). Acceptance as a degree candidate indicates that department faculty have reviewed your academic performance and approve your status as a degree candidate. Degree candidates must have a minimum graduate cumulative average of 3.00 and must meet requirements for candidacy established by the academic department.
Non-Capstone Qualifying Examinations
Some graduate programs require students to take and pass non-capstone qualifying examinations as part of their degree experience. Students must meet academic course and preparation requirements established by the academic department prior to taking a qualifying examination. This information is verified below.
Non-Course Program Requirements
Some graduate programs require students to complete non-course activities. Students should consult the program chair/coordinator to discuss how to meet these requirements and appropriate notification procedures.

Master's Program Requirements Completed for Degree Candidacy, Qualifying Examination Preparation, or Non-Course Requirements:

Table with 4 columns: Course Title and Number (CNSL 500, MATH 523), Abbreviated Course Name (Contemp Ed Issues), Instructor's Name, Grade Received and Credit Value. Rows include *1., *2., and 3.

*Denotes major course completed

Degree Candidacy:

Recommended: [] Yes [] No Advisor's Signature _____ Date _____
Approved: [] Yes [] No Graduate Dean's Signature _____ Date _____

Non-Capstone Qualifying Examination (To Be Completed by Academic Department):

Eligible for examination: [] Yes [] No. When not eligible, department must inform applicant and return copy to the Graduate School.

After results of the qualifying examination are available, complete the section below and return to the Graduate School.

[] PASS [] WITHDRAWN [] NO SHOW
[] FAIL. If failed, recommend: [] RETAKE ENTIRE EXAM [] NO RETAKE [] RETAKE PART(S): _____.

Signature of Department Representative: _____ Date: _____

[] ACADEMIC DEPARTMENT HAS INFORMED STUDENT OF EXAMINATION RESULTS.

Non-Course Program Requirements:

[] MET [] NOT MET. Including: [] CONFERENCES [] WORKSHOPS [] NATIONAL ORGANIZATIONS [] OTHER

Signature of Department Representative: _____ Date: _____