ADVANCEMENT TO CANDIDACY

FORM MUST BE TYPED

Master of **Arts** Major **Anthropology**

Concentration or Emphasis (if applicable) _____

Student: Select the correct *University Bulletin* year for the requirements listed below : Please Select _____

Name: _____ Student ID: _____

Address: _____ Phone(s): _____

City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester and year each course was or will be taken).

Course No.	Course Title	Units Required	Units (to be) completed	Semester & Year	Institution (not SFSU) (transfer units only)*	Grade	In Progress Or To Do
ANTH 710	Prosem: Anthropological Theory and Method	3					
ANTH 740	Sem: in Archaeological Problems	3					
ANTH 760	Sem: in Biological Anthropology	3					
ANTH 770	Sem: in Problems in Cultural Anthropology	3					
Upper division/graduate units in anthropology or allied fields upon advisement (list below):		15					
One of the following culminating experience options		3					
ANTH 894	Creative Work Project *or*						
ANTH 898	Master's Thesis						
	Total Units	30					

***NOTE**: For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.
NOTE: ANTH 710 must be completed with a grade of "B" or better

ALSO REQUIRED

☐ Thesis Receipt **OR** ☐ Report of Completion 894 **AND** ☐ Report of Completion for Foreign Language Requirement **OR** ANTH 652

All Students must submit an Application for Award of Graduate Degree by the posted deadline of the semester of graduation.

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student *has or will have satisfied* Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

☐ Course No. ANTH 894 or 898 ☐ Written proposal for Culminating Experience
☐ Written Component of Culminating Experience ☐ Other, specify _____

GRADUATE ADVISER (Required): _____
Type/Print last name Signature Date

DEPARTMENT GRADUATE COORDINATOR (Required): _____
Type/Print last name Signature Date

Approved ☐ Not Approved ☐ _____ _____
Dean of the Graduate Division or Designee Date

Note: Upon approval of the ATC, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.