ADVANCEMENT TO CANDIDACY

FORM MUST BE TYPED

Master of **Arts** Major **Economics**

Concentration or Emphasis (if applicable) _____

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

Name: _____ SFSU 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 (for transfer units only)*	Grade	In Progress Or To Do
ECON 615	Mathematical Economics	3					
ECON 630	Econometric Theory	3					
ECON 701	Sem: Microeconomic Theory	3					
ECON 702	Sem: Macroeconomic Theory	3					
ECON 725	Applied Time Series Econometrics	3					
ECON 730	Adv. Econometric Methods and Apps.	3					
Graduate Electives on Advisement		6					
Culminating Experience requirement:		6					
Econ 898 Masters Thesis *and* Oral Defense *or*							
Additional graduate Economics Courses *and* Written Comprehensive Examination							
	Total Units	30 minimum					

***NOTE**: For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.
NOTE: ECON 615, 630, 701, 702, 725, and 730, must be completed with a grade of "B" or better

ALSO REQUIRED

☐ Report of Completion for Master's Written Comprehensive Exam

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.

☐ GET Completed – 1st Level Written English Proficiency
☐ Written Component of Culminating Experience
☐ Written proposal for 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.