

ADVANCEMENT TO CANDIDACY

FORM MUST BE TYPED

Master of Science Major Engineering
 Concentration or Emphasis (if applicable) _____

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

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
ENGR 800	Engineering Communications	3					
ENGR 801	Engineering Management	3					
ENGR 803	Applied Probability and Statistics for Engineers	3					
Engineering Electives		9-18					
Non-Engineering Electives		0-6					
One of the following Culminating Experience options		3-6					
Option A:							
ENGR 897	Research AND						
ENGR 898	Master's Thesis <i>and</i> Oral Defense <i>or</i>						
Option B:							
ENGR 895	Applied Research Project <i>and</i> Oral Defense						
Total Units		30 minimum					

***NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

ALSO REQUIRED

- Thesis Receipt **AND** Report of Completion for Oral Defense **OR**
 Report of Completion for: 895 **AND** Oral Defense

DEPARTMENT REQUIREMENTS
 BUS 541/SCI 614/CHS 514

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. _____ 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.