

# ADVANCEMENT TO CANDIDACY

FORM MUST BE TYPED

Masters of:

Major:

Concentration:

Select University Bulletin year of admission:

Name:	Email:	Student ID:
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All requirements must be completed according to program guidelines or within 7 years from the term of admission to your graduate program continuous enrollment is required after enrollment in the culminating experience

Student: fill out the following information completely (including the semester and year each course was or when you plan to take it.)

Course Number	Course Title	Units Required	Units (to be) completed	Semester & Year	Institution (not SFSU) (transfer units only)*	Grade	Status
<b>Required</b>	<b>Courses</b>	<b>13</b>					
BIOL 700	Introduction to Research Skills	3					
BIOL 865	Advances in Physiology and Behavioral Biology	2					
BIOL 870	Biology Colloquium	2					
	<b>BIOL 897 - Research (6 UNITS REQUIRED)</b>						
Elective units requirements shall be determined by student's committee		13					
<b>One of the following Culminating Experience Options</b>		<b>4</b>					
BIOL 895	Research Project and Oral Defense OR						
BIOL 898	Master's Thesis and Oral Defense						
	<b>Total Units</b>	<b>30min</b>					

\*Only 30% of units listed on the Advancement to Candidacy may be upper division undergraduate coursework.

\*Maximum of 6 units of BIOL 897

\*Maximum of 2 units of BIOL 881.

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

<b>ADDITIONAL DEGREE REQUIREMENTS</b>	
<b>SECOND LEVEL WRITTEN ENGLISH PROFICIENCY REQUIREMENT:</b>	
<input type="checkbox"/> <b>THESIS PROSPECTUS SUBMITTED</b>	<b>SEMESTER/YEAR:</b>

DEPARTMENT ADMINISTRATOR FOR REVIEW 1<sup>ST</sup>: (Required):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GRADUATE ADVISER/PI (Required):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GRADUATE COORDINATOR (Required):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

Dean of the Graduate Division or Designee

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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