

Graduate Studies Advancement to Candidacy

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Name	Student ID Number	
Street Address	Telephone Home	
City, State, Zip	Telephone Work	
	Telephone Message	
Master's Program	Authorized Concentration	

Proposed Title and Short Description of Final Project (4 lines)--Use a second page for a long Description

•	ts for Advance	ement, if any (i.e.,	oral qualifying exam, etc.)	Date
Requirement				
How Met by Student				
Vriting Proficiency	Requirement ((please do not lea	ve blank)	Date
WEPT Passe	d			
Other Approx	ved Option (Spe	ecify)		
	niversity [as ou	ıtlined in the Guid	sibility of preparing a manuscript that meets the standards of elines for Master's Theses and Projects published by the uni	
Student Signature	(Digital Signa)			
		ите Ассерсавіе)		Date
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