



SONOMA STATE UNIVERSITY
Graduate Studies
Advancement to Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home/Cell	
Permanent Address			
E-mail Address		Authorized Concentration	
Program	Education	MA Pathway (T, C or E)	

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

Special Requirements for Advancement, if any (i.e., oral qualifying exam, etc.)		Date
Requirement		
How Met by Student		

Writing Proficiency Requirement		Date
WEPT		
Other Option		

In signing this document, I agree to accept the responsibility of preparing a manuscript that meets the standards of the supervising committee and the University [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Student Signature	Date

In signing this document the committee agrees to accept the roles and responsibilities assigned to the task of acting as evaluators of the quality and substance of this student's final project [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Committee	Name (Typed) and Signature	Date
Chair		
Second Member		
Third Member		
Fourth Member		
Graduate Coordinator		

Review and Data Update:		Date
Graduate Studies Clearance		
Admissions & Records		