School of Education
Master of Arts Degree
Individualized Examination Signature Form

Advancement to Candidacy

Complete the first portion of this form at your Advancement to Candidacy meeting.

Candidate Name _______________________________________________________________

Student ID _______________________________ Date ________________

Email address _______________________________MA Concentration __________________

Individualized Examination elective courses
1. __________________________________________
2. __________________________________________

Areas of focus for exam________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Faculty Signatures

Chair ____________________________________ Print _______________________________
Member__________________________________   Print _______________________________
Member__________________________________   Print _______________________________

Oral Examination

Complete this portion of this form at your Oral Examination

Date ________________________

Faculty Signatures

Chair _______________________________ Print ______________________________
Member___________________________ Print ______________________________
Member___________________________ Print ______________________________

1/24/07 Copies of this form to: Candidate, Candidate’s File, and School of Education