This document is to be submitted directly to the GRADUATE STUDIES OFFICE. Please do not return it to the department office. Thank you.

DIVISION OF GRADUATE STUDIES

State University of New York at Oswego 606 Culkin Hall, SUNY Oswego, Oswego, NY 13126 Phone: (315) 312-3152

Date:		

Application for Admission to Candidacy for the Master's and/or CAS Programs

Students admitted to graduate degree study must apply for candidacy after completion of 12–18 semester hours of their programs.

The information requested in this application must be filed with the Graduate Office.

Name:					Student ID No.:			
last		first		middle				
Home Address:								
Tiomo / ladross	street		city		state	zip		
Present Address:								
r resent Address.	street		city		state	zip		
Phone:								
1 11011e	area code	phone number		_				
If nort time at idea	t indicate present	position:						
ii part-time studen	t, indicate present	position:						
In what program a	re you enrolled? _							
Date of baccalaure	eate degree:			 Undergraduate major 	or:			
College granting ye	our baccalaureate	degree:			<u> </u>			
College granting ye	our master's degre	e (if applicable):		_ Graduate major:				
If certified, indicate	e area:				<u> </u>			
Date:	Type: .				Number:			
		script with this completed form						
List any honors, pr	izes, or scholarship	os you have received, or l	honor societies	to which you have beer	n elected:			
Publications:								
Research:								

Please return this form to the Graduate Office at the address above or email to gradstudies@oswego.edu

The applicant will receive instructions from the department regarding the applicant's requirements for accomplishing candidacy. After departmental evaluation, a statement regarding the student's degree status will be sent to the student, with a copy sent to the Graduate Office for inclusion in the student's folder.