



College of Graduate Studies
Graduate Admission to Candidacy
Program of Study
Graduate Committee Assignment

College of Graduate Studies Dean's signature is not required for further processing of this form. However, departmental approval is required. Once completed, the academic department must electronically scan and submit this form to the Office of the Registrar.

Date Submitted: _____ Revision Date (1): _____ Revision Date (2): _____

Candidate Name: _____ Banner ID: _____

Graduate Program: MAJOR: _____ CONCENTRATION: _____

Research Plan of Study: Plan I (Research Literacy) Plan II (Research Project) Plan III (Thesis/Dissertation)
 Post Masters Certificate Plan: Major: _____

Any student admitted to a degree-seeking program must complete this form by the end of the first semester (excluding summer terms), regardless of the number of hours that the student has completed. Consult with your graduate academic advisor to complete this form. List all courses needed to satisfy the degree requirements for your program. The completed Admission to Candidacy/Program of Study/Committee Assignment form must be electronically scanned at the departmental level and submitted to the Graduation Analyst Supervisor in the Registrar's Office. See the current Graduate Bulletin for graduation requirements. Once approved by the advisory committee, any change to the program of study requires the re-submission of this form with the same approval process. **Transfer courses are limited to a total of no more than two thirds of the number of hours required for degree completion and must be approved by the graduate coordinator or advisor. Official transfer transcripts must be submitted to the Graduate Admissions Office. Please list transfer and/or substitute courses in the appropriate fields below.**

| DEPT | COURSE # | COURSE TITLE | CREDIT | | DEPT | COURSE # | COURSE TITLE | CREDIT |
|------|----------|--------------|--------|--|------|----------|--------------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Transfer Coursework Accepted | | | | | | |
|------------------------------|----------|------------|-------------------------|----------|------------|--|
| Transfer Institution: | | | APSU Course Equivalency | | | |
| Subject | Course # | Credit Hrs | Subject | Course # | Credit Hrs | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Course Substitutions | | | | | | | | |
|-------------------------|----------|------------|--------------------------------|----------|------------|----------------------------|----------|------------|
| Program Required Course | | | Substitution (Transfer Course) | | | Substitution (APSU Course) | | |
| Subject | Course # | Credit Hrs | Subject | Course # | Credit Hrs | Subject | Course # | Credit Hrs |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

CANDIDATE INFORMATION

I hereby apply for Admission Candidacy for the above graduate program.

Signature of Candidate

Current Address

City, State, Zip Code

APSU Email Address

Date

Y:\New Forms\CoGS Forms\ProgramofStudy050818.docx

**DEPARTMENTAL APPROVAL/
COMMITTEE ASSIGNMENT**

Printed Name of Graduate Coordinator or Academic Advisor

Signature

Date

Printed Name of Committee Chair

Signature

Date

Printed Name of Second Committee Member

Signature

Date

Printed Name of Third Committee Member

Signature

Date