



**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**

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**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**