

Registrar's Office Phone: (607) 753-4702 Fax: (607) 753-2959

Application for Candidacy for the Master's Degree

<u>To the student</u>: please complete the top portion of this form, and deliver the document to your graduate program's department secretary for review and approval by the graduate coordinator.

Name:		Student ID: C00				
	Last	First	Middle/Maiden Nam			
Address:						
	P.O. Box / Street / Apt. #		City	State	Zip	
Telephon	e:		E-mail	l:		
To be eli	gible for candidacy fo	or the master	's degree, the followi	ing requirements must have	been fulfilled:	
	1. You must be f	ormally adm	itted to a graduate d	legree program.		
_		•		ours of department approved t have been taken at SUNY (_	
_	3. You must have a cumulative GPA of at least 3.0.					
	4. If you were admitted conditionally, you must have met the condition of admission.					
_	5. Other depart	ment-specifi	c requirement(s).			
I have ful	filled all the requirem	nents listed a	hove and I hereby re	equest admission to candidac	~v	
THAVE TO	inited dit the requirem	icires listed di	oove, and mereby re	Adest darmssion to canalad	-9.	
Student Signature:				Date:		
Advisor Name:				Office Location:		
Departme	ental Use Only The Ap	oplication for	Candidacy is: () A	pproved () Denied		
Graduate Advisor/Coordinator Signature:				Date:		
π ποτ αρι	proved, the reasons a	· C				
Graduate (<u>Coordinators</u> : Please delive	er to the Associ	iate Dean's Office after r	esponding.		
Associate Dean's Signature:				Date:		