



Admission to Candidacy - Specialist Degree

This form is not approved until all signatures have been obtained.
Submit to the College of Graduate Studies at the address below.

To be completed by the Student:

Name: _____		Student ID#: _____	
Local address: _____			
	City	State/Country	Zip/Postal Code
Contact Information: _____		_____	
	Email	Phone	
Program of Study: _____		Admission Date to Program of Study: _____	
<small>(Give the exact title of the program as printed in the Graduate Bulletin)</small>		<small>Month/Year</small>	
Authorization of Specialist Degree Program form filed with the College of Graduate Studies: _____			
<small>Month/Year</small>			
Applicant: _____			
<small>Signature</small>	<small>Print Name</small>	<small>Date</small>	

To be completed by the Advisor:

Departmental recommendation on this student's petition for admission to candidacy:		
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason for Denial:
Advisor: _____		
<small>Signature</small>	<small>Print Name</small>	<small>Date</small>

DO NOT WRITE BELOW THIS LINE

College of Graduate Studies use ONLY.

The Foregoing requirements have been reviewed and are in order. _____

Number of semester hours earned on this degree program at CMU. _____

Number of semester hours transferred into this degree program. _____

Grade point average in CMU coursework which apply to this degree program. _____

Student has been granted regular admission. _____

Authorization of Graduate Degree Program form is on file with the College of Graduate Studies. _____

<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason for Denial:
College of Graduate Studies Dean: _____		
<small>Signature</small>	<small>Print Name</small>	<small>Date</small>