APPLICATION FOR ADMISSION TO CANDIDACY

NAME:		STUDENT NUMBE	:R:
ADDRESS:		CITY/STATE/ZIP:	
DEGREE:	MASTER OF ARTS IN EDUCATION (M.A.Ed.)		
	MAJOR:	Collaborative Teacher, K-6 Elementary Education, K-6	
		Secondary Education, 6-12 _	Teaching Field(s)
		Multi-Level Education, P-12 _	Teaching Field(s)
		Alternative Class A Programs	Teaching Field(s)
		Instructional Leadership School Counseling	rodormig riold(o)
	MASTER OF	FARTS (M.A.)	
	MAJOR:	Community Counseling	
	MASTER OF MAJOR:	SCIENCE (M.S.) Kinesiology Exercise Science Wellness and Health Prome	otion
	EDUCATION	I SPECIALIST (Ed.S)	
	MAJOR:	Elementary Education K-6 Instructional Leadership P- Teacher Leader P-12	12
(Y/N)	1. Have you mainta	nined a B average on the first 12 ho	urs or more of graduate work?
(Y/N)		ormally admitted to the degree production	gram and major identified above?
(Y/N)	3. Do you have a pl	lanned Program of Study signed by	your advisor?
(Y/N)		nanged your graduate program at L Admission to Candidacy Form(s).	JNA? If so, please attach previous
Date		Student	Signature
Advisor's Signature			Signature

Dean, College of Education Registrar's Office Advisor Distribution:

Student