APPLICATION FOR ADMISSION TO CANDIDACY

NAME:		STUDENT NUMBE	R:
ADDRESS:		CITY/STATE/ZIP:	
DEGREE:	MASTER O	F ARTS IN EDUCATION (M.A.Ed.)	
	MAJOR:	Collaborative Teacher, K-6 Elementary Education, K-6 Secondary Education, 6-12	
		, <u> </u>	Teaching Field(s)
		Alternative Class A Programs	Teaching Field(s)
		Instructional Leadership School Counseling	Teaching Field(s)
	MASTER O	F ARTS (M.A.)	
	MAJOR:	Clinical Mental Health Coun	seling
		F SCIENCE (M.S.) Health and Human Perform	ance
	EDUCATIO	N SPECIALIST (Ed.S)	
	MAJOR:	Elementary Education K-6 Instructional Leadership P-1 Teacher Leader P-12	2
	lave you maintark?	ained a B average or higher on the f	irst 12 hours or more of graduate
		formally admitted to the degree prog	gram and major identified above?
(Y/N) 3. [Do you have a p	planned Program of Study signed by	your advisor?
		changed your graduate program at U Admission to Candidacy Form(s).	NA? If so, please attach previous
Da	te	Student	 Signature
Advisor's Signature		Dean's S	ignature

Distribution:

Dean, College of Education Registrar's Office Advisor Student