

**THE SCHOOL OF EDUCATION
RECOMMENDATION TO CANDIDACY
BACHELOR'S OF SCIENCE (Human Development)**

After this form has been signed by your Advisor and Department Chair (Rm. #301), please return to the Associate Dean's Office (Rm. #104.)

DEPARTMENTAL RECOMMENDATION (Application Must Be Typed)

**Candidate's Name in Full:

E-Mail Address:

Candidate's Local Address:

City State Zip Code Country

Local Telephone Number: Cell #

Parent's Names:

Parent's Telephone Number:

Candidate's Permanent Address:

City State Zip Code Country

Student ID:

Today's Date:

*Expected Graduation Date:

Application Deadline:

Academic Advisor:

Height: Weight:

Cap Size:

Department:

Degree Sought:

Are You a 5 Year Program or Dual

Degree Student?

Major: Minor:

**** PRINT YOUR NAME THE WAY YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA**

1. List by Title; CRN, Course and Section number, ALL undergraduate courses which the candidate (A) is taking now, (B) still must take (C) has completed

A. Courses Currently Being Pursued (This Semester)

CRN#/Course# Sec#	Course Title	CRN/Course# Sec#	Course Title

B. Courses NOT TAKEN, but are NEEDED to Complete Curriculum Requirements

CRN#/Course# Sec#	Course Title	CRN/Course# Sec#	Course Title

C. Number of Credit Hours Completed as of (Date):

Completed Courses (Transcript must be Attached for Verification Purposes)

CRN#/Course#/Sec#	Course Title	Credit Hours	Grade	Semester & Year

* IF YOU DO NOT COMPLETE YOUR COURSE REQUIREMENTS WITHIN THE TERM TO WHICH YOU APPLIED FOR GRADUATION, YOU MUST RE-APPLY FOR THE NEXT GRADUATION PERIOD.

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CRN#/Course#/Sec#	Course Title	Credit Hours	Grade	Semester & Year

2. Transfer Credits from other institutions:

(Approved Transfer Authorization form with Credits -To be attached by the Program Coordinator)

- (a) Institution _____
- (b) Time Spent _____ Credit Hours _____
- (c) Degree Received _____ Date: _____
- (d) Residence in the School of Education before the current semester: _____ semesters.

3. Initial Verification: The Candidate has completed all course requirements

(Academic Advisor: Before you endorse, please attach your Program Sheet and Verify Courses listed by the Candidate)

Date: _____ Signed: _____
Advisor

Date: _____ Signed: _____
Chairman

4. Final Verification: The Candidate has completed all course requirements

Date: _____ Signed: _____
Advisor

Date: _____ Signed: _____
Chairman

PRESENTATION TO THE EXECUTIVE COMMITTEE

The student is recommended to the Executive Committee as a candidate for the degree of:

Date: _____ Signed: _____
Melanie Carter, Ph.D., Associate Dean

Admitted to Candidacy by vote of the Executive Committee:

Date: _____ Signed: _____
Leslie T. Fenwick, Ph.D., Dean

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