

**THE SCHOOL OF EDUCATION  
RECOMMENDATION TO CANDIDACY  
MASTER OF EDUCATION OR MASTER OF ARTS IN TEACHING**

After this form has been signed by your Advisor and Department Chair, please return to the Associate Dean's Office  
(ROOM 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 Graduate 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	Credit Hours	Grade	Semester & Year

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

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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**5. Graduate Work in Other Institutions:**

*(Approved Transfer of Credit(s) Form -To be attached by the Department)*

- (a) Institution \_\_\_\_\_ (b) Time Spent \_\_\_\_\_  
(c) Degree Received \_\_\_\_\_ Date: \_\_\_\_\_  
(c). Residence in the School of Education before the current semester: \_\_\_\_\_ semesters.  
(e) I certify that the above indicated information is correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Advisor*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Chairman*

**6. Initial Verification: The Candidate will complete all course requirements pending completion of courses listed on Page 1.** *(Academic Advisor: Before you endorse, please review the attached Course Scheme and Verify Courses.)*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Advisor*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Chairman*

**7. Final Verification: The Candidate has completed all course requirements**

1. Does the PG meet all course requirements on the scheme and as matched on the transcript?

Yes  No  **If no, describe using course template:**

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2. Does the PG have incomplete grades (I/G) on their transcript?

Yes  No  **If no, describe using course template:**

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3. Does the PG have courses in progress on their transcript or remaining courses (e.g., summer courses)?

Yes  No  **If no, describe using course template:**

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4. Does the PG have grades below C in courses requiring grades of C or above?

Yes  No  **If no, describe using course template:**

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5. Does the PG have required credit hours for graduation? **If yes, cite number:**

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6. Does the PG have the required cumulative grade point average for graduation? **If yes, cite number:**

**I have reviewed the transcript for the PG and determined that course requirements for academic clearance have been met.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Advisor*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Chairman*

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