

		Advancement to Ca	ndidacy	
rm Initiator Role:*	<u> </u>			
dent Information:	<u> </u>			
st Name: *	Last Name:	*	Student ID: *	
nail: *	Phone:	*		
egree: *	Major:	*	Concentration:	
9.00.	Viajoi.			
		(English, Physics, Geoscience, et	c.)	(Geology, Native Arts, etc.)
	San	waatar Vaar		
mission Date to Graduate P		mester Year		
mester of completion of Co	mprehensive Exam: *			
pected Date of Graduation	*	<u> </u>		
	,			
talag vaar vau ara vaing *				
talog year you are using: *	der the degree requirements in effect a	nd published in the LIAE cetalog in	any one of the provious so	yon years in which you are enrolled
a master's degree student.	To be considered enrolled in your mas	ster's degree program you must me	et the registration requiren	
on through the hondegree's	student registration process, you are no	n considered enrolled as a degree	student during that time.	
PA in 600-level courses: *	Complet	ting by: *	1	
_				
es your research involve hu	ıman subjects or animals?*	V		
		SUBSTITUTIONS FOR REQUIR	ED COURSES	
d you make any substitution	s for required courses? *	V	•	
	,			
5 000 L EVEL 00 LIBOE0		CREDITS REQUIRED FOR DEGR		
iewed to see that all these	credits are included. Only list the cours	sework that will be counted towards	your degree program. No	n your graduation semester, your transcript will be more than 12 credits of special topics courses (693 or
b) or individual study (697) r	nay be used toward a graduate degree	. Audited courses, 100, 200, 300,	500 level courses are not a	allowed. Include thesis, project, and research credits.
	Course Dept. Course	Course Title	# of Grade Add	
Semester Year				
Semester Year	Number		Credits Anothe	r



East Name: Last Name: Student ID: UAF 400-LEVEL COURSES - You must earn an A or B grade (no B- or P grades are allowed) in 400 level courses. Semester Vear Course Dept. Course Course Title P of GRADE (Latter grade if complete satisfies) Another complete steps of the complete satisfies) and complete satisfies the complete satisfies. Another complete satisfies the complete satisfies the complete satisfies the complete satisfies. Another complete satisfies the complete satisfies the complete satisfies the complete satisfies the complete satisfies. Another complete satisfies the complete satisfies the complete satisfies the complete satisfies. Another complete satisfies the complete satisfies and satisfies the complete satisfies and satisfies the complete satisfies and satisfies and satisfies and satisfies and satisfi			Α	dvancement to	Candidacy	,		
Semester Year Course Dept. Number Course Title Gredits (Letter grade if complete secrets) Another (Interest of the complete) (Inte	First Name:		Last Name:			Student ID:		
Semester Year Course Dept. Course Mumber Course Title from Credits (Lette grade if Complete steries) Another Credits (Lette grade if Complete) (Lette grade if Complete) (Lette grade if the Complete steries) (Lett								
Number Creditis (complete sateriax: fir not complete) TRANSFER COURSES - (all other colleges or universities) You may apply post-baccalaureate degree credits (must be equivalent to UAF 400 or 600 level) toward a gradual degree. Up to one-half of all graduate degree credits approved for your program may be transferred from UAA and UAS. No more than one-bird of approved program credit be transferred from other accredited institutions outside the UA system. You must earn a minimum B grade in all graduate courses presented for transfer. Passif-all grade courses may not be transferred. Official transcripts must be on file with UAF. Do you have any Transfer Courses? * SUMMARY OF PROGRAM CREDITS Minimum Credits REQUIRED For Degree Program (from catalog): * Number of Your 600-level credits (not including project/thesis/research) Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 ((Do not list more than 12 in your total) Project - Maximum project & research credits = 6 ((Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Department Chair First Name: Last Name: Email: Email: Last Name: Email: Email: College/School Dean First Name: Last Name: Email:	UAF 400-LEVEL COURSE	:S - You must earn an A or	в grade (no B- or Р g	rades are allowed) in 4	UU level courses.			
TRANSFER COURSES - (all other colleges or universities) You may apply post-baccalaureate degree credits (must be equivalent to UAF 400 or 600 level) toward a gradua degree. Up to one-half of all graduate degree credits approved for your program may be transferred from UAA and UAS. No more than one-hird of approved program credit be transferred from other accredited institutions outside the UA system. You must earn a minimum B grade in all graduate courses presented for transfer, Pass/Fail grade courses may not be transferred. Official transcripts must be on file with UAF. Do you have any Transfer Courses?* V	Semester Year	Course Dept.		Course Title	Credits	(Letter grade if omplete asterisk*		
TRANSFER COURSES - (all other colleges or universities) You may apply post-baccalaureate degree credits (must be equivalent to UAF 400 or 600 level) toward a gradua degree. Up to one-half of all graduate degree credits approved for your program may be transferred from UAA and UAS. No more than one-hird of approved program credit be transferred from other accredited institutions outside the UA system. You must earn a minimum B grade in all graduate courses presented for transfer. Pass/Fail grade courses may not be transferred. Official transcripts must be on file with UAF. Do you have any Transfer Courses? SUMMARY OF PROGRAM CREDITS Minimum Credits REQUIRED For Degree Program (from catalog): Number of your 600-level credits (not including project/thesis/research) Number of your 400-level credits (not including deficiency courses) Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS How many Committee Members are required to sign this form? Last Name: Email: College/School Dean First Name: Email: Email: College/School Dean First Name: Email: Email: Email: Last Name: Email: Ema								
degree. Up to one-half of all graduate degree credits approved for your program may be transferred from UAA and UAS. No more than one-third of approved program credit be transferred from Other accreticide institutions outside the UA system. You must earn a minimum B grade in all graduate courses presented for transfer. Pass/Fail grade courses may not be transferred. Official transcripts must be on file with UAF. Do you have any Transfer Courses? \times								
Minimum Credits REQUIRED For Degree Program (from catalog): Number of your 600-level credits (not including project/thesis/research) Number of Your 400-level credits (not including deficiency courses) Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS * Initiator Signature Date Department Chair First Name: * Last Name: * Email: * College/School Dean First Name: * Email: *	degree. Up to <u>one-half</u> of a be transferred from other a courses may not be transfe	Il graduate degree credits accredited institutions outs erred. Official transcripts m	approved for your produce the UA system. Your be on file with UA	ogram may be transferre ou must earn a minimu	ed from UAA and l	JAS. No more tha	an one-third of approved prog	ram credit
Minimum Credits REQUIRED For Degree Program (from catalog): Number of your 600-level credits (not including project/thesis/research)				SUMMARY OF PROC	RAM CREDITS			
Number of your 600-level credits (not including project/thesis/research) Number of your 400-level credits (not including deficiency courses) Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Initiator Signature Date Department Chair First Name: Last Name: Email: College/School Dean First Name: Email:	Minimum Ore dita DECLUD	ED For Door - Brown - "		- TROC				
Number of your 400-level credits (not including deficiency courses) Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Initiator Signature Date Department Chair First Name: * Last Name: * Email: * College/School Dean First Name: * Email: *	Minimum Credits REQUIR	ED For Degree Program (f	rom catalog): 1					
Number of Thesis or Project Credits: Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Initiator Signature Date Department Chair First Name: * Last Name: * Email: * College/School Dean First Name: * Email: *	-							
Thesis - Maximum thesis & research credits = 12 (Do not list more than 12 in your total) Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Initiator Signature Date How many Committee Members are required to sign this form?* Department Chair First Name: * Last Name: * Email: * College/School Dean First Name: * Email: * Email: * Email: * Email: * College/School Dean Description: * Description:	-		ig aeticiency courses	5)				
Project - Maximum project & research credits = 6 (Do not list more than 6 in your total) YOUR TOTAL PROGRAM CREDITS Initiator Signature Date How many Committee Members are required to sign this form? Department Chair First Name: Last Name: Email: College/School Dean First Name: Email:	Thesis - Ma	aximum thesis & research						
College/School Dean First Name: * Last Name: * Email: *								
Initiator Signature Date How many Committee Members are required to sign this form?* Department Chair First Name: * Email: * E			r total)	OCDAM CDEDITE *				
How many Committee Members are required to sign this form? Department Chair First Name: Last Name: Email: College/School Dean First Name: Email:			TOUR TOTAL PRO	JORAINI CREDITO				
How many Committee Members are required to sign this form? Department Chair First Name: Last Name: Email: Email: Email: *								
Department Chair First Name: * Last Name: * Email: * Emai	Initiator Signature	Date						
Department Chair First Name: * Last Name: * Email: * Email: * Email: *								
Department Chair First Name: * Last Name: * Email: * Emai	How many Committee Mer	mbers are required to sign	this form?*	\overline{v}				
College/School Dean First Name: * Last Name: * Email: *								
	Department Chair	First Name: *		Last Name: *		Email: *		
Graduate Coordinator First Name: * Last Name: * Email: *	College/School Dean	First Name: *		Last Name: *		Email:*		
	Graduate Coordinator	First Name: *		Last Name: *		Email: *		
		1						
		APPROVED BY GRADU	ATE COORDINATO	OR, ADVISORY COM	MITTEE MEMBER	RS, DEPT. CHA	IR, DEAN, AND DIRECTOR	R
APPROVED BY GRADUATE COORDINATOR, ADVISORY COMMITTEE MEMBERS, DEPT. CHAIR, DEAN, AND DIRECTOR								
APPROVED BY GRADUATE COORDINATOR, ADVISORY COMMITTEE MEMBERS, DEPT. CHAIR, DEAN, AND DIRECTOR	Ohodank Circustons							
	Student Signature		·					
APPROVED BY GRADUATE COORDINATOR, ADVISORY COMMITTEE MEMBERS, DEPT. CHAIR, DEAN, AND DIRECTOR Student Signature Date	Graduate Coordinator Con	nments:						_
Student Signature Date	Graduate Coordinator Con	minorita.						^
								\checkmark

Graduate Coordinator Signature	Date	
Committee Chair/Co-Chair Signature	Date	
epartment Chair Signature	Date	
ollege/School Dean Signature		
Silege/Geliloof Deart Orginature	Buc	
ase list your initials and any notes addre	ssed to the Director about this form.	
Graduate School Check Signature	Date	
duate School Director Decision: *		
duate School Director Comments:		\$
Graduate School Director Signature	Date	
duate School Processing Comments:		^
		V
Graduate School Processing Signature	Date	
GRADUA: FAX: 9	TE SCHOOL I PO BOX 757560 FAIRBANKS, AK 99775-7560 I TEL: 907-474-7464 07-474-1984 I EMAIL: uaf-grad-school@alaska.edu 202 EIELSON BUILDING	
or Signature	Date:	_