

Advancement to Candidacy

First 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	Year	Course Dept.	Course Number	Course Title	# of Credits	GRADE (Letter grade if complete asterisk* if not complete)	Add Another
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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 graduate 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 credits may 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 graded 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 *

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: * Last Name: * Email: *

Graduate Coordinator First Name: * Last Name: * Email: *

APPROVED BY GRADUATE COORDINATOR, ADVISORY COMMITTEE MEMBERS, DEPT. CHAIR, DEAN, AND DIRECTOR

Student Signature _____ Date _____

Graduate Coordinator Comments:

Graduate Coordinator Signature _____ Date _____

Committee Chair/Co-Chair Signature _____ Date _____

Department Chair Signature _____ Date _____

College/School Dean Signature _____ Date _____

Please list your initials and any notes addressed to the Director about this form.

Graduate School Check Signature _____ Date _____

Graduate School Director Decision:

Graduate School Director Comments:

Graduate School Director Signature _____ Date _____

Graduate School Processing Comments:

Graduate School Processing Signature _____ Date _____

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FAX: 907-474-1984 | EMAIL: uaf-grad-school@alaska.edu | 202 EIELSON BUILDING

Initiator Signature _____ Date: _____