University of Colorado Colorado Springs APPLICATION FOR ADMISSION TO CANDIDACY FOR AN ADVANCED DEGREE

This section of the application is to be **completed electronically by the student** applying for admission to candidacy. The information on this form is used to confirm that all requirements have been/will be met to graduate from the degree program by the term indicated below.

Save this form to your computer and fill out with an Adobe Program. Do not use a Web Browser.

Save this Admission to Candidacy form with the following naming convention: Lastname_Firstinital_Dept_AC Save your highlighted transcripts with the following naming convention: Lastname_Firstinital_Dept_T

Please attach the highlighted transcripts along with this form to an e-mail and submit to the appropriate program staff in your department.

Name as shown on UCCS records:		
Last Name	First	Middle
Student ID:		
Present Mailing Address:		
Permanent Mailing Address:		
Telephone:		
UCCS e-mail address	Person	al e-mail address
I am applying to be a candidate for de	egree for the(Degree type: N	
Semester and year to which the degre	ee is it to be conferred: –	
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Which of the following exa	nminations did/will you co	
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		O No	Not Applicable		
Date:		OR Expe	cted Date (Month/Year):		
If your examination fro animals, and/or biohaz	_	_	oes your research involve h	numan subjects (e.g., IR	(B), the use of
Protocol #	Appro	val Date:	OR Expecte	ed Submission Date:	
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Name	;		Department		gram staff- to grad facult
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id you transfer any cours	es from an outside university (non-C	CU campus) that you need	to count towards ye	our degree?
Yes	No			
well as list ALL tran	you must complete and submit the onsferred coursework here on this formudents cannot transfer in more than 9 cr	n that needs to be used to	wards your degree.	so already, as
Course Number	Course Name	Number of Credits	Grade Earned	School
If you have not yet con	npleted your online diploma card, plo	ease do so as soon as poss	sible. Visit this link	for instructions.
•	least a GPA of 3.0 or higher for all rements for my program OR I unders	•		
by my intended date o	• • •	•		,
Yes	○ No			
knowledge.	below, you certify that all informatio	on presented on this docur	nent is correct to the	e best of your
Student Name	Date			
This section is to be	e filled out by the department wher	re the degree is being ear	ned.	
	lits required for this program is	(Note: the student may ha	ave earned more credits th	an you list here, but they
cannot have earned less) By signing this docu	ment, I certify that		(Student name) is exc	pected to have all
	coursework, examinations, defense			
	(program e.g. phy			
	all information presented in this doc			m which gradation is
knowledge.	an amortification presented in tills doc	ament is accurate to the	Desir of fifty	
	ongoing ethics code violation allega	ation, investigation, or sar	nction:	
Yes No		, ,		
	enrolled in class the semester that to experience (defense, examination, etc.)		cted to complete	
Yes ON	0			

Select who is signing from program	Date
Select who is signing from program	Date
Graduate School	 Date