

Student Information

Completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name _____ First Name _____
 Student ID _____ Previous Name (if any) _____
 Current Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Email Address _____

Degree Information

Degree Sought, e.g., MBA _____ Major _____ Concentration, if applicable _____
 Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. _____
 University where taken _____ Semester/Year GWAR Completed _____ A B C

Proposed Graduate Degree Program

A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)

Course Prefix/No.	Title	Semester	Units	Grade	Semester/Year Completed

B. Culminating Experience

Check box if applicable and then fill out corresponding row

	Course Prefix/Catalog No. (e.g., MAS 203)	Total Units	Grade	Semester/Year Completed
299 Thesis (Plan A)/Creative Work (Plan C)				
Last completed project or comprehensive exam-preparation course (plan B)				
Other Culminating Experiences				
		Type		Semester/Year Completed
1) Other culminating experience				
2) Other culminating experience				
599 Dissertation				

C. Transfer Courses

University	Course Prefix/No.	Title	Semester	Units	Grade	Semester/Year Completed
Sub. for SJSU Course						
Sub. for SJSU Course						
Sub. for SJSU Course						

Units	
A	
B	
C	
Total	

Required Signatures

Student _____ Date _____ **For Official Use Only**
Signature (certifies accuracy of the information provided)
 _____ *The signatures below indicate approval.*
Project or Thesis Advisor (if required by your department)
 Name _____ Signature _____ Date _____
Department Grad Advisor (Grad Coordinator)
 Name _____ Signature _____ Date _____
GAPE Evaluator
 Approved _____ Denied _____ Name _____ Date _____