SHIPPENSBURG UNIVERSITY
DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL

Application for Admission to Candidacy for the Master's Degree

Please type or print clearly.
The completed form should be returned to the Department of Counseling & CSP.

Name: _____

Street Address: _____

City/State/Zip: _____

Degree Program: _____ M.Ed. _____ M.A. _____ M.S.

Major Field (and Concentration): _____

Semester and year (such as Fall 1995) that you were admitted to the program: _____
Did you attend the *New Student Orientation*? Yes _____ No_____
If Yes, Date (Semester) _____
Total number of graduate credits earned toward this degree: _____
Cumulative QPA in this program for graduate courses at SU: _____
Semester and year that requirements of this degree should be completed: _____
Have you attended a professional conference? Yes _____ No _____
If Yes, which one? _____ Date:_____
Do you belong to a Professional Organization? Yes _____ No _____
If Yes, which one? _____ Membership #
_____

_____ _____
Date Submitted Signature of Applicant

(over)

==========

Record of Action

____Hold _____Approved _____Denied _____ _____
Advisor Date

____Hold _____Approved _____ Denied _____ _____
Team Leader Date

____Hold _____Approved _____ Denied_____ _____
Department Chair Date

(Continued on other side)

Application for Admission to Candidacy for the Master's Degree
Record of Courses/Exams Completed and Attempted

School Counseling Students Only:
PRAXIS PPST Exam: Math _____ Writing _____
(Please list scores in spaces provided) Reading _____

All Students:
Please list in chronological order - oldest first:

COURSE TITLE	SEMESTER COMPLETED	FACULTY	GRADE REC'D

Please list any classes for which you have received waiver approval:
COURSE TITLE

_____

_____

Please list any classes for which you will receive transfer credit:

COURSE TITLE	COURSE EQUIVALENT	GRADE RECEIVED