

**SHIPPENSBURG UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

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 Counselor Education.

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**

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
_____	_____	_____
_____	_____	_____
_____	_____	_____