



# Application for Graduate Degree/Certificate Candidacy

- Forward signed original to:  
Graduate Studies – 206 SHW
- Retain a copy for the department
- Retain a copy for the student

This form is to be filed **after completion of 15 graduate program credits and before completion of one-half** of the minimum program credits. You must submit a separate candidacy application for EACH graduate degree or certificate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

EWU ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree desired:  MA  MS  MEd  MM  MFA  MSW  MBA  MPA  MURP  MPH  MOT  EdS  
 MPAcc  DPT  CERTIFICATE

Specialization or Major (ex. Addiction Studies Certificate or Clinical Psychology): \_\_\_\_\_

Catalog year under which you will be evaluated: \_\_\_\_\_ Term & Year of expected degree completion: \_\_\_\_\_

**Please include course number, abbreviated course title, and credits.**

Required Courses Completed		Courses in Progress		Courses Remaining		Approved Substitutions				
Course Number, Abbrev Title	Cr.	Course Number, Abbrev Title	Cr.	Course Number, Abbrev Title	Cr.	Course #	Cr.	will sub for	Req. Course #	Cr.
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<b>Subtotal:</b>		<b>Subtotal:</b>		<b>Subtotal:</b>		<b>Total:</b>				

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign

Graduate Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign Print

2nd Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign Print

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign Print