



Advancement to Candidacy

This form is for **Master's or EdS students**. Submit at least one quarter prior to the quarter in which the student will graduate. Find the full policy [here](#).

Name: _____ DU ID Number: _____

Graduate Program (Degree & Major): _____

The department recommends that the above-named student be advanced to candidacy for the degree. The student has met departmental conditions for such advancement and has shown evidence of ability to complete successfully the requirements for the final quarter. (Please note that you only need to mark/provide dates for items that apply to the student and degree.)

<input type="checkbox"/> Student has regular status	Completion date: _____
<input type="checkbox"/> Transfer of credit, if applicable, has been approved	Completion date: _____
<input type="checkbox"/> Student has approved course work plan	Completion date: _____
<input type="checkbox"/> If applicable, proposal for master's thesis has been approved by the department	Completion date: _____
Completion of a non-coursework requirement such as:	
<input type="checkbox"/> Capstone/Final Project	Completion date: _____
<input type="checkbox"/> Comprehensive Exam	Completion date: _____
<input type="checkbox"/> Exhibition	Completion date: _____
<input type="checkbox"/> Internship	Completion date: _____
<input type="checkbox"/> Language Requirement	Completion date: _____
<input type="checkbox"/> Major Research Paper	Completion date: _____
<input type="checkbox"/> Portfolio	Completion date: _____
<input type="checkbox"/> Practicum	Completion date: _____
<input type="checkbox"/> Praxis Exam	Completion date: _____
<input type="checkbox"/> Qualifying Exam	Completion date: _____
<input type="checkbox"/> Recital	Completion date: _____
<input type="checkbox"/> Tool	Completion date: _____
<input type="checkbox"/> Written Exam	Completion date: _____
<input type="checkbox"/> Other: _____	Completion date: _____
<input type="checkbox"/> Other: _____	Completion date: _____

Department Chairperson: _____ Date: _____

Office of Graduate Education: _____ Date: _____