

Application for Admission to Candidacy
EDPC School Psychology and Counseling Department
La Sierra University—School of Education

For the Degree: M.A. Ed.S. Ed.D.

Name _____ Phone: _____

Address: _____ ID#: _____

Date you expect to complete your program _____

Anticipated or actual date for taking the PRAXIS Subject Exam _____

Expected date of graduation _____

Does the office of the registrar have your official transcripts for all units being transferred from other schools?

Yes No N/A

How many units on your approved program are you registered for this quarter, including IP's? _____

Signature of Applicant

Date of Application

Do not write below this line

Program approval date: _____

Program GPA: _____

Units completed: _____

Units taking now: _____

Units yet to complete: _____

Recommended by Department:

Signature of Chair

Date of Action

Action Number

Approved by Graduate Committee:

Signature of Dean, School of Education

Date of Action

Action Number