

LA SIERRA UNIVERSITY
SCHOOL OF EDUCATION

APPLICATION FOR ADVANCEMENT TO CANDIDACY

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

Name: _____ Phone (_____) _____

Address: _____

In what department is your degree specialization? (Circle One)

EDAD EDPC EDCI

Date you expect to complete your program: _____

Anticipated or actual date for taking GRE: _____

Expected date of graduation: _____

Does the Registrar's Office have 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? _____ units

Signature of Applicant

Date of Application

Do Not Write in This Box

Date of Program Approval _____

Units Completed _____

Units yet to Complete _____

Program GPA _____

Recommended by Department:

Signature of Chair

Date of Action