## Advancement to Candidacy

Form Initiator Role:

**Student Information:**

First Name:                          Last Name:                          Student ID:

Email:                               Phone:

Degree:                              Major:                              Concentration:

                                     *(English, Physics, Geoscience, etc.)*        *(Geology, Native Arts, etc.)*

**Semester**          **Year**

Admission Date to Graduate Program:

Semester of completion of Comprehensive Exam:

![UAF University of Alaska Fairbanks logo]

## Advancement to Candidacy

First Name: [_____]   Last Name: [_____]   Student ID: [_____]

UAF 400-LEVEL COURSES - You must earn an A or B grade (no B- or P grades are allowed) in 400 level courses.

| Semester | Year | Course Dept. | Course Number | Course Title | # of Credits | GRADE (Letter grade if complete asterisk* if not complete) | Add Another |
|---|---|---|---|---|---|---|---|
| [____] | [___] | [_____] | [_____] | [_____] | [___] | [____] | ☐ |

TRANSFER COURSES - (all other colleges or universities) You may apply post-baccalaureate degree credits (must be equivalent to UAF 400 or 600 level) toward a graduate degree. Up to one-half of all graduate degree credits approved for your program may be transferred from UAA and UAS. No more than one-third of approved program credits may be transferred from other accredited institutions outside the UA system. You must earn a minimum B grade in all graduate courses presented for transfer. Pass/Fail graded courses may not be transferred. Official transcripts must be on file with UAF.

Do you have any Transfer Courses? _____ .

## SUMMARY OF PROGRAM CREDITS

Minimum Credits REQUIRED For Degree Program (from catalog):

Number of your 600-level credits (not including project/thesis/research)

Number of your 400-level credits (not including deficiency courses)

Number of Thesis or Project Credits:

Thesis - Maximum thesis & research credits = 12
*(Do not list more than 12 in your total)*

Project - Maximum project & research credits = 6
*(Do not list more than 6 in your total)*

**YOUR TOTAL PROGRAM CREDITS**

How many Committee Members are required to sign this form?

**Department Chair**   First Name: _____   Last Name: _____   Email: _____

**College/School Dean**   First Name: _____   Last Name: _____   Email: _____

**Graduate Coordinator**   First Name: _____   Last Name: _____   Email: _____

## APPROVED BY GRADUATE COORDINATOR, ADVISORY COMMITTEE MEMBERS, DEPT. CHAIR, DEAN, AND DIRECTOR

Graduate Coordinator Comments: