Advancement to Candidacy Form for Masters' or Specialists' Degree Programs

College of Graduate Studies • Office of the Dean • Middle Tennessee State University

MIDDLE TENNESSEE STATE UNIVERSITY

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, MTSU BOX 42, 1st Floor, Sam H Ingram Building.

Name: _____ **Student Id #** _____ **Date:** _____

Address: _____ **Telephone #** _____

Degree: MS **Program:** BIOLOGY **Concentration:** _____

If applicable: Minor: _____ **Specialization:** _____

Check One: **Thesis Option** (•) **Non Thesis Option** ( )

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	*IF APPLICABLE:* *Transfer Credit Taken Prior to Attending MTSU* Transfer Institution	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
BIOL 6620	Biological Research	3				
BIOL 6630	Thesis Research	3				
BIOL 6650	Seminar	1				
BIOL 6660	Seminar	2				

	Language Research Tools (if relevant)					

_____ Date: _____
Signature of Candidate

I certify the above degree plan _____ Date: _____
Signature of Graduate Advisor

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

_____ Date: _____
Signature of Teacher Licensing Analyst

_____
Signature of Dean, College of Graduate Studies or Graduate Analyst

If Applicable:

_____ Date: _____
Signature of Minor Advisor

MST & MAT Students, only:

_____ Date: _____
Signature of Chair of Educational Leadership or Elementary Education Departments

A Tennessee Board of Regents Institution

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