

**COPPIN STATE UNIVERSITY GRADUATE STUDIES PROGRAM  
APPLICATION FOR ADVANCEMENT TO DEGREE CANDIDACY**

Admit Status: _____
Credits: _____ cGPA _____
Enrolled _____

This application must be submitted to the Dean of Graduate Studies through the Department Chairperson/Dean of Nursing, after the student completes at least twelve (12) credit hours, and before he/she completes more than twenty-one (21) credit hours of graduate work.

1. ID: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Number and Street; City, State ZIP Code)

Telephone: Home and/or Mobile \_\_\_\_\_ Work \_\_\_\_\_

3. **Graduate program in which applicant is enrolled (please check)**

<b>Degree Sought</b>	<b>Major</b>	<b>Specialty (if any)</b>
<input type="checkbox"/> M.S.	Addictions Counseling	
<input type="checkbox"/> M.S.	Adult and Continuing Education	
<input type="checkbox"/> M.Ed.	Contemporary Educational Leadership	
<input type="checkbox"/> M.S.	Criminal Justice and Law Enforcement	
<input type="checkbox"/> M.Ed.	Curriculum and Instruction	
<input type="checkbox"/> DNP	Doctor of Nursing Practice	
<input type="checkbox"/> M.S.	Human Services Administration	
<input type="checkbox"/> M.A.T.	Master of Arts in Teaching	
<input type="checkbox"/> M.S.	Master of Science in Nursing	
<input type="checkbox"/> M.Ed.	Rehabilitation Counseling	
<input type="checkbox"/> M.Ed.	Special Education	

4. Graduate hours completed at Coppin: \_\_\_\_\_ cGPA: \_\_\_\_\_

5. Research Option Selected:  Option I (Research paper and comprehensive exam)  Option II (Thesis)  
 Option III (Comprehensive exam, **this option is only for students in the Addictions Counseling and Rehabilitation Counseling programs**)  Option IV (DNP Project)

6. I took the course EDUC 582 on (date): \_\_\_\_\_ I received a Grade of \_\_\_\_\_

**Date officially admitted to Graduate School:** \_\_\_\_\_

Please submit a copy of your transcript.

7. For students seeking teacher certification, I took and passed (attach a copy of results):  
 PRAXIS  NTE

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A CURRENT PROGRAM OF STUDY BY YOUR ADVISOR MUST ACCOMPANY THIS APPLICATION  
(DO NOT WRITE BELOW THIS LINE)**

Action of Department/College of Health Professions: Applicant Recommended  Not Recommended

Comments: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Chairperson/Dean of Nursing Signature \_\_\_\_\_ Date \_\_\_\_\_

Action of Graduate Council:  Approved  Not Approved

Reason(s) for Disapproval, if applicable: \_\_\_\_\_

Date: \_\_\_\_\_ Dean, Graduate School \_\_\_\_\_