APPLICATION FOR CANDIDACY

VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF EDUCATION

Namo:		Date:		
Name				
Address:				
lome Phone: W		ork Phone:		
I hereby apply for candic	dacy for the Masters of Educ	ation Degre	e in:	
(AREA OF SPECIALIZATION)		(SIGNATURE OF STUDENT)		
COURSES COMPLETED:			CREDITS	GRADE
As advisor to the above	named student, I certify that	he/she has	met all the f	ollowing
requirements for Candid	acy for the Master of Educat	ion Degree.		ollowing
requirements for Candid Completion of the	acy for the Master of Educateminimum of nine semester of ge:	ion Degree.	(HOURS)	ollowing
requirements for Candid Completion of the	acy for the Master of Educat	ion Degree.	(HOURS)	following
requirements for Candid Completion of the Grade Point Avera	acy for the Master of Educateminimum of nine semester of ge:	ion Degree.	(HOURS)	following
requirements for Candid Completion of the	ge: CONTRACT APPROV	ion Degree.	(HOURS) (GPA) artment Head:	following
requirements for Candid Completion of the Grade Point Avera	acy for the Master of Educate minimum of nine semester of ge: CONTRACT APPROV Advisor:	ion Degree. redits:	(HOURS) (GPA) artment Head:	following