

Southeastern Oklahoma State University  
Graduate School  
***APPLICATION FOR ADMISSION TO CANDIDACY***  
***This form must be submitted to the Graduate Office (A307)***  
***the semester prior to graduation.***

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Advisor: \_\_\_\_\_

Degree: Master of SCIENCE

(e.g.; Behavioral Studies, Business Administration, Education, Technology)

Option, Area or Specialization: AEROSPACE ADMINISTRATION & LOGISTICS

Date Beginning Graduate Study: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Undergraduate Major/Minor: \_\_\_\_\_

Institution Granting Degree: \_\_\_\_\_

***Check List: (return the Application for Admission to Candidacy after all of the following requirements that apply have been met.)***

\_\_\_\_\_ I have filed an approved Plan of Study (Degree Plan) with my advisor.

\_\_\_\_\_ I have completed at least eight (8) semester hours of graduate study at SOSU.

\_\_\_\_\_ I have at least a "B" average on all work counting towards my master's degree.

\_\_\_\_\_ I have official transcripts on file in the Registrar's Office of all my graduate work from other colleges and universities that I wish to include in my graduate program.

(OVER)

**LIST ALL GRADUATE TRANSFER WORK:**

| Course Number | Name of Course | Grade | Hours | Semester Completed |
|---------------|----------------|-------|-------|--------------------|
|               |                |       |       |                    |
| Institution:  |                |       |       |                    |
|               |                |       |       |                    |
| Institution:  |                |       |       |                    |
|               |                |       |       |                    |
| Institution:  |                |       |       |                    |

**LIST ALL COURSE WORK COMPLETED TO DATE AT SOUTHEASTERN WHICH WILL BE APPLIED ONLY TO YOUR MASTER'S DEGREE PROGRAM:**

| COURSE NUMBER | NAME OF COURSE | GRADE | HOURS | SEMESTER COMPLETED |
|---------------|----------------|-------|-------|--------------------|
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |
|               |                |       |       |                    |

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Graduate Program Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Graduate Dean**

\_\_\_\_\_  
**Date**