

Application for Candidacy for the Degree of Master of Science – School of Nursing Only

Important Deadline:

Advancement to Candidacy forms are due **no later than** the first day of the term in which you wish to advance.

DO NOT USE MAC PREVIEW MODE to fill out these forms. **You MUST use Adobe Acrobat** in order for us to view. Get the latest version of [Adobe Acrobat Reader](#)

Please print or type.

last name: _____ UC ID: _____

first name: _____ UCSF email: _____

Graduate program: _____

Quarter degree to be conferred: _____ year: _____

My intention is to advance to candidacy under the following plan (choose one):

- Plan I – Thesis. This option requires a minimum of 30 quarter units in the 100 and 200 series – no more than 8 units of 250. A thesis publication fee of \$55 is required for this application, payable through your account in the student portal: saa.ucsf.edu/studentportal.

Title of thesis: _____

Thesis committee chair: _____ member: _____

member: _____ member: _____

Committees that include non-Academic Senate members require approval from the graduate program director.

Graduate program director signature: _____

- Plan II – Comprehensive examination. This option requires a minimum of 36 quarter units in the 100 and 200 series – no more than 8 units of 250. No fee payment is required for the comprehensive exam.

I have the following academic standing:

Total number of units completed to date: _____ Current GPA: _____

Total number of “I” (incomplete) grades on current transcript (maximum of one is permitted): _____

Student signature: _____ date: _____

Upon satisfactory completion of the work indicated above, and the thesis or comprehensive examination, this student will meet course requirements for the MA degree and has no provisional grades outstanding.

Graduate advisor: _____ (please print or type name)

Graduate advisor’s signature: _____ date: _____

Nursing student affairs signature: _____ date: _____

(Graduate Division use only) date: _____	quarter effective: _____	approved: _____
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