

## School of Public Affairs

### APPLICATION FOR ADMISSION TO CANDIDACY

This application is to be completed by the student and submitted no later than the week after the beginning of the semester in which the student expects to graduate.

***Please complete both sides of this form!***

Name

(as shown on University Records):

Student No: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Semester/year degree is to be conferred: \_\_\_\_\_

Semester/year admitted to the program: \_\_\_\_\_

List below the courses which you are applying toward your degree. Any courses you plan to transfer from another university must have been approved by your faculty advisor on your degree plan and must have been officially transferred on a Transfer of Credit form. Do not include Prep. Workshops.

13 Classes	Instructor	Sem. and Year	Institution/ Campus	Dept. and Course #	Title of Course	Sem Hours	Grade Rcv'd
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Exams:  
(check if applicable)

MCJ Comprehensive

Advanced Seminar

Thesis Option

Date Taking  
or Passed:

Please  
check one:

Denver Campus

Western Slope

Rocky Mtn. Online

MCJ Colo. Springs

Are you declaring a concentration?

No

Yes

If "Yes" please indicate the concentration:

- Environmental Policy, Management and Law
- Local Government
- Non-Profit Organizations
- DVP

*The above mentioned student has completed all requirements for a Concentration in \_\_\_\_\_  
(Concentration)*

*X \_\_\_\_\_  
Concentration Director (If different from Advisor)*

Who is your advisor? \_\_\_\_\_

Are you transferring credits from any other institutions to use toward your degree here?  No  Yes  
If "yes" have you completed the transfer of credit form and requested an official copy of your transcript from that institution to be sent? If not please do so and send all forms to:

**University of Colorado at Denver  
GSPA, Student Coordinator  
P.O. Box 173364, Campus Box 142  
Denver, CO 80217-3364**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The student has met all the requirements for the degree  
Master of \_\_\_\_\_,  
And is hereby recommended for admission to candidacy.*

*Recommended by:*

*X \_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_\_  
Student Faculty Advisor Student Coordinator Date*