

HOWARD UNIVERSITY GRADUATE SCHOOL

Recommendation to Candidacy for the Master's Degree

The form must be completed (typed) and submitted to the Office of Graduate Studies.

Department

Candidate's Full Name	I.D. No.
Email Address	Telephone No.

Qualifying Examination – Date Passed:
Comprehensive Examination – Date Passed:

List of Foreign Language or Other Research Tool Satisfied and Date(s) (<i>If applicable</i>)	
(1)	(2)
(3)	(4)

Expository Writing Requirement Satisfied – Date:	(<i>Attach Certificate</i>)
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CITI Report (<i>Must</i> include Responsible Conduct of Research Module)	(<i>Attach Score Report</i>)
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Check (✓) one: <input type="checkbox"/> Non-Thesis Option OR <input type="checkbox"/> Thesis Option
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Title of Thesis

Approval of Thesis Proposal
<i>Signature: Graduate Program Director</i>

Mandatory Research Review

Check (✓) one:

Enter the approval date, protocol number, and attach the approval letter **OR** the Notice of Exclusion.

1. Human Subjects in Research [CITI Required]

<input type="checkbox"/> Exempt IRB Review Approval Date and Protocol No.:
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<input type="checkbox"/> Expedited IRB Review Approval Date and Protocol No.:

<input type="checkbox"/> Full IRB Review Approval Date and Protocol No.:
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2. Animal Care and Use [CITI Required]

<input type="checkbox"/> Institutional Animal Care and Use Committee (IACUC) Approval Date and Protocol No.:
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3. Bio-Safety [CITI Required]

<input type="checkbox"/> Institutional Bio-Safety Committee (IBC) Approval Date and Protocol No.:

4. Research Project Excluded From Research Compliance Approval

<input type="checkbox"/> Exclusion Notice Approval Date:
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List all courses currently taking:

CRN-Course No.	Course Title	Grade	Term Completed	Cr. Hrs.

Transfer of Credit

Course work taken in another graduate program may be approved for transfer up to a maximum of six (6) credits provided the courses were not applied to satisfy requirements for a degree.

Course No.	Course Title	Grade	Term Completed	Cr. Hrs.

List other courses required for the master's degree – including Thesis credits.

CRN-Course No.	Course Title	Grade	Term Completed	Cr. Hrs.

Examination Committee

Name	Department	Highest Degree
Committee Chairperson		
Thesis Advisor		
Committee Member		
Committee Member		



***Certificate of Advancement to Candidacy
for the
Master's Degree***

Candidate's Full Name

Department | I.D. No.

Recommendation of Candidacy by Major Department

We certify that the above named student has completed candidacy requirements specific to this department and general candidacy requirements as stipulated by the Graduate School.

Major Advisor

Name and Signature:

Date:

Graduate Program Director

Name and Signature:

Date:

Department Chairperson

Name and Signature:

Date:

Certification of the Office of Graduate Studies

I certify that the above named student has completed the minimum candidacy requirements. This candidacy is valid for no more than two academic years.

Expiration:

Constance M. Ellison, Senior Associate Dean

Signature:

Date:

Action of the Executive Committee

Admitted to Candidacy by Vote of the Executive Committee

Gary L. Harris, Dean, The Graduate School

Signature:

Date:

