

ADVANCEMENT TO CANDIDACY/GRADUATE APPROVED PROGRAM

Master of Arts Major Human Sexuality Studies
 Concentration or Emphasis (if applicable) _____

Student: Select the correct *University Bulletin* year for the requirements listed below : _____

Name: _____ Student ID: _____
 Address: _____ Phone(s): _____
 City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester each course was or will be taken).							
Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)*	Grade†	In Progress Or To Do
One of the following two courses:		3					
HMSX 701	Sexual Identities, Sexual Cultures <i>or</i>						
HMSX 702	Sexuality in Historical Perspectives						
HMSX 800	Sociocultural Foundations of Human Sexuality	3					
HMSX 801	Biol & Psych Foundations of Human Sexuality	3					
HMSX 890	Professional Development	3					
Research Methodology:		6					
HMSX 881	Research Methods <i>and</i>						
HMSX 882	Research Design in Human Sexuality Studies						
Electives upon advisement (list below)		9					
One of the following Culminating Experience Options		3					
HMSX 894	Creative Work Project <i>or</i>						
HMSX 895	Research Project <i>or</i>						
HMSX 898	Master's Thesis <i>and</i> Oral Defense						
Total Units		30					

* For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.
 † **No course with a grade below B- may be included above.**

ALSO REQUIRED

- Thesis Receipt **AND** Report of Completion for Oral Defense **OR**
 Report of Completion for 895 **OR**
 Report of Completion for 894

All Students must submit an Application for Award of Graduate Degree by the posted deadline of the semester of graduation.

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student <i>has or will have satisfied</i> Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.	
<input type="checkbox"/> Course No. _____	<input type="checkbox"/> Written proposal for Culminating Experience
<input type="checkbox"/> Written Component of Culminating Experience	<input type="checkbox"/> Other, specify _____

GRADUATE ADVISER (Required): _____
Type/Print last name Signature Date

DEPARTMENT GRADUATE COORDINATOR (Required): _____
Type/Print last name Signature Date

Approved Not Approved

Dean of the Graduate Division or Designee Date

Note: Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.